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A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

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ADDRESS

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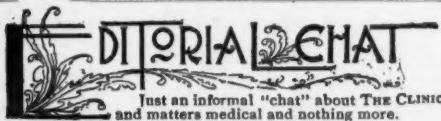
ARTICLES on subjects coming within the scope of the different departments of this journal are solicited from all our readers. For each one used, if desired, we will supply the writer with twenty-five copies containing the same, or will send THE ALKALOIDAL CLINIC for three months to any ten physicians whose names and addresses accompany that article. Write on one side of the paper, and every other line only; say what you mean to say and be brief and plain.

QUESTIONS of probable interest to our readers will be answered in our Queries Department. We expect these to add much of value to our pages.

OUR AIM is to make this journal a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick.

ADDRESS AS ABOVE

Entered at the Chicago Post Office as second-class matter.



Just an informal "chat" about THE CLINIC
and matters medical and nothing more.

THE STANDARDIZATION OF DRUGS AND THE FORTHCOMING REVISION OF THE PHARMACOPÆIA.

Under the above caption Dr. Harold Moyer, Editor of "*Medicine*," so aptly expresses our views upon this important subject that we quote entire, commending the same to your most careful attention.

"The present uncertainty of therapeutics is due not a little to the varying strength of drugs employed in the treatment of disease. It has been conclusively shown that no two parcels of *hyoscyamus*, *bella-*

donna, *nux vomica*, *cinchona*, *opium*, *aconite*, *ergot*, or *digitalis* contain the same proportion of active constituents. What is true of these important remedies is still more true of those which are less frequently used and to the gathering and preservation of which less attention is consequently paid. The greater use of the alkaloids in medication which has characterized the prescribing of later years is in a large measure due to the varying strength of the official preparations. That this is no fanciful or minute difference is attested by the remarks frequently heard in gatherings of medical men; that if a good preparation can be secured of a particular drug almost certain therapeutic results will follow.

"This uncertainty finds constant expression in medical literature; a particular writer reports a number of cases in which the results achieved by a given drug are favorable. It is followed within a short time with another report in which the same drug was given for the identical conditions and no therapeutic results were reached. If all preparations were of the same strength accumulated statistics would soon become valuable in settling the worth of drugs for the purpose for which they are used. The problems of the statistical methods in therapeutics are enormous at the best, and if the preparations used are of variable strength the confusion becomes worse confounded. It needs no extensive analysis of the literature to show the force of these statements; scarcely a medical journal can be consulted which does not show the confusion which has crept into medical literature from this cause alone.

"The last Pharmacopœia recognized the principle of standardization and applied it to *opium*, *cinchona*, and *nux vomica*. There is no reason why the same principle should not be extended to the standardization of every drug which it is possible to exactly analyze. The chemist has perfected refined and accurate methods for determining the alkaloidal strength of many drugs. But unfortunately for the prestige of the chemical laboratory, there are certain very important drugs whose

use cannot be dispensed with, that are not amenable to chemical assay. For the sake of example we might mention digitalis, strophanthus, and cannabis indica. The latter is perhaps the most variable member of the *materia medica*, and yet its therapeutic utility entitles it to an honorable place in the *Pharmacopœia*.

"There is only one way in which these drugs, and others organically like them, can be standardized, and that is by actual physiological tests upon living animals. A given dose of a preparation of digitalis, proportioned to the body weight of the animal selected, should always produce a definitely uniform effect on that animal's organism. If it fails to do so, it is then an easy matter to bring that preparation up to the required standard of strength. If the oxytocic power of ergot were always determined upon pregnant animals before its administration to human beings, the physician would less frequently experience that keen and bitter disappointment which is so apt to engender therapeutic skepticism.

"The revision committee of the next *Pharmacopœia* may not, for obvious reasons, deem it expedient to embody the principle of physiological standardization in the coming edition of that classic volume; but the physician is not bound, *in toto*, by the dictum of the *Pharmacopœia*. Owing to the enterprise of at least one American pharmaceutical house physiologically tested preparations are now available. In our humble opinion, the medical man, in justice to his patient and to himself, should always insist on having only standardized drugs supplied upon his prescriptions; chemically assayed drugs, where a chemical assay is possible, and physiologically assayed preparations in every instance where it is not practicable to determine the therapeutic activity of the drug by the chemist's art.

"The forthcoming revision of the *Pharmacopœia* presents problems of greater difficulty than those which have confronted the committee of any previous revision. A failure to recognize many of the animal extracts, particularly that of the thyroid gland and the serums generally, will not give satisfaction to the profession. The separation between the *Pharmacopœia* and actual practice has been widened, and a determined effort on the part of the committee should be made to bring the *Phar-*

macopœia in line with advanced and advancing therapeutics. The matter of standardization of drugs is one of vital importance and one which the committee of revision should undertake in no half-hearted manner. Absolute standardization cannot of course be reached, but an earnest attempt in this direction can be made, and it would be far better for the committee to err in going too far rather than by adopting a halting policy. A standardized preparation is far superior to one whose strength is not accurately measured; even approximate accuracy of standardization would be far better than none."

In the main the author is correct; but while the examples he cites—digitalis and strophanthus—may not have been standardized, their active principles have been isolated and have long since been in use by alkalometrists all over the civilized world. Coming right down to the cold fact, to standardize a preparation is to see to it that it has a given amount of active principle in it. This necessitates, for all practical purposes, the isolation and extraction of the active principle or principles upon which it depends; and when this has been done why not throw the rest away and be rid of it without calling upon the sick body to again abstract the activity while at the same time it must labor with and throw off the rubbish in which the active principle is contained?

This is an important subject and one worthy of our most careful consideration.

DUBOISINE.

Duboisine (*Revue Therapeutique des Alcaloïdes*) is coming into use as a remedy for nervous affections. Dujardin-Beaumetz employed it in exophthalmic goiter, obtaining a great diminution of the palpitations and vascular beating from doses of one-fourth to one-half milligram. Desnos confirmed this observation, the palpitation diminishing, the prominence of the eyes, the redness of the conjunctivæ, the dyspnea, the precordial anguish, subsided; the thyroid body became less voluminous,

the souffle and beating diminished, the strength revived and the general condition was ameliorated. The local temperature fell and the tumor became more consistent.

Loebisch used duboisine as a sedative in paralysis agitans and in neuralgias.

Houde reports a cure of agoraphobia by duboisine.

Fiedler obtained seven hours sleep from one and one-half milligrams of duboisine in a case of delirium tremens. As a sedative and hypnotic it has long been employed in insanity. Preininger limits its employment to cases in which there is agitation. The action resembles that of hyoscine, is manifest in fifteen minutes, and endures from one to eight hours. Lewald prefers it for females. Mendel finds it specially useful for dementia with great motor agitation, and when such agitation causes insomnia in sane persons, duboisine gives relief, producing muscular relaxation.

Belmondo finds duboisine an excellent sedative, especially for women, in all states of psychic or motor excitation, seeming to calm immediately disorders of ideas or of acts, restoring intelligence, especially in excitement. Mandalari, Mabille and Lallémand confirm these observations.

Marandon of Montyel observes that duboisine can be given for long periods without ill effects. He has given three to four milligrams daily until 400 milligrams have been taken by one patient with impunity. The effects differ by day and by night; at night sleep is secured in seventy-seven per cent of cases; it supervenes in one-half to one hour, continuous or interrupted according to surroundings, the narcotic action even obtaining among the agitated, the light slumber accompanied neither by dreams nor nightmares, the waking gradual and natural, and there are no alternations of good and bad nights. By day all this is opposed; little or no sleep, but instead a very great sedation.

The domain of duboisine embraces all the excited, all the agitated, all the insomnias, and the only contraindications are the existence of a cardiac affection or too accentuated symptoms of denutrition. The latter may be the indication for the use of this remedy in obesity, in infants or young people. To avoid denutrition, give duboisine just after the meal or six hours before it. Interrupted use prevents the weakening of the effect. Fractioning the doses gives better results than the single large one. In mental maladies begin with decided doses, of two to four milligrams.

DELPHININE.

Houdé, in the *Revue Thérapeutique des Alcaloïdes* says: Delphinine is the alkaloid of the larkspurs, and is obtained from the seed of *D. Staphisagra*, in which it is found with four other little known alkaloids. Delphinine is very bitter, slightly soluble in water, freely in alcohol, ether and chloroform. It forms salts which are quite soluble. Formula is $C_{22} H_{38} NO_6$.

As a cardiac poison delphinine stands between aconitine and veratrine. Locally it causes heat, redness and prickling, but its revulsive effects are less marked than those of veratrine. It does not act directly on the muscle fibrillæ like veratrine, but on the medulla and cord like aconitine. In small doses it does not nauseate but increases the urine. Even in toxic doses it does not affect the cerebral functions up to the moment of death (Orfila, Falck, Rorig). Death is from asphyxia. Both sensory and motor nerves are paralyzed (Van Praag). Van Schroff noted from its influence salivation and nausea, with weakening of the heart-action, then paralysis of motion and of sensation, Cayrade found it depressed the excito-motor power of the medulla and cord, by this means lowering and finally abolishing general sensation, reflex action, co-ordination and, finally, respiration.

Therapy. Three indications exist:

(1) In ointment or directly applied it acts like veratrine as a revulsive, with secondary sedation, for local pains such as neuralgia, toothache and earache.

(2) Internally, in purgative dose, it acts as a diuretic and drastic, or even as an emeto-cathartic. This fits it for use in drop-sies, when the ordinary remedies are insufficient.

(3) In moderate doses its vaso-motor sedation could be utilized instead of aconitine in congestive neuralgias, of the third pair for example, and *tic douloureux*. It acts well in some cases of spasmodic asthma and congestions of the respiratory organs. Turnbull recommended it in rheumatism, neuralgia and paralysis; also in affections of the ears. For toothache, in which it does well, the delphinine must be inserted in the cavity of the aching tooth. Other authors recommend it in gout, recent amaurosis, iritis, corneal opacities and capsular cataract. Houdé finds delphinine useful in rheumatisms "tending to become eternal" (good expression—too good to lose!). Some recommend it for ganglionic engorgements.

Locally, apply an alcoholic solution of 1 to 1000, with frictions, or on compresses for local pains, or as a revulsive. This may be applied on cotton for toothache. Internally give a milligram two to five times a day as an antispasmodic, diuretic or *vasomotrice*. As a drastic the doses should be gradually raised until the desired effect is obtained, rarely exceeding ten doses per diem.

Some years ago the writer made trial of delphinine, but the effects were not as slated by Houdé. In fact, the drug closely resembled cantharidin in its action, producing vesical irritability, amounting to severe strangury. Several specimens of delphinium, or larkspur, grow on our Western plains, and are dreaded by the cattlemen for their effects on the cattle. These, however, are similar to those of aconite.

ABOUT OUR ADVERTISING PAGES.

The management of respectable publications, medical or otherwise, differ in their opinions touching their responsibility in regard to the advertising which they carry. Some claim no responsibility whatever, while some few go to the extreme in the other direction. We believe that the right position is a golden mean between the two; and while we do not hold ourselves responsible for the doings of our advertising patrons, we will not allow anyone to get into or stay in the advertising pages of the CLINIC unless we honestly believe said party to be upright, professional and in every way responsible.

We are constantly denying questionable advertisers the space that they want and are willing to pay for, and are trying in every way to keep our advertising pages as clean as possible, exercising that same rational, practicable censorship over these pages that we exercise over the pages of the body of the journal as well. We aim to be so careful of our advertising pages that our friends will feel that what they see in the CLINIC is all right; and we request our readers to advise us of any actual shortcomings of our advertisers—mistakes, delays, misunderstandings, etc., that they will not properly adjust—and we will make prompt investigation.

A TEMPERANCE CRY.

A plaintive little appeal has come to us, which we print here. Somehow we detect a personal strain in it, an undercurrent of sorrow, that makes us suspect the letter has been prompted by a sad experience. One does not write such things without some cause that rouses the "little wife of a country doctor" out of her routine life to pen this touching appeal. We place it before you respectfully, even reverently. To some among us it may carry a message they need and will heed.

"To no class of persons can a woman as readily appeal as to physicians, whose profession seems especially adapted to the widening of the sympathies, whose work is more unselfish than generally thought. Hard and coarse natures may, it is true, be found among them; but the larger part, we feel sure, are true gentlemen, 'the servants of all, yet the greatest of all.'

"To these manly, thinking men, the obscure little wife of a country doctor dares to submit the following: It can not be doubted that the century just closing will have witnessed a most marvelous change in material comfort, scientific thought and social reform. Medicine has shared equally with other activities the change. Shoulder to shoulder the mighty forms stand, an invincible army of progress, and their faces are toward the light. An unseen Leader thunders 'forward, march' and with a mighty tramping they move on, unhindered by the obstacles placed in the way by mistaken human hands.

"Marching in line with the rest we see the towering issue of *non-alcoholism*. Are we interested or idle spectators? Shall doctors cling to the teachings of other years or accept the best teachings of the present? An up-to-date doctor should be familiar with the latest scientific views and investigations concerning the use of alcohol, in just the same ratio that he is informed as to other drug uses. That ratio should be governed by the relative importance of the substance. Yet you may find individuals more interested in some wonderful drug manufactured abroad than one used in all climes by many peoples.

"While searching and critical in matters of less moment, some settle lazily and most comfortably down into the belief held by their grandfathers, that liquor is a sort of panacea, applied within or without, a gift of the gods, in fact. Shattered nerves and occasional cases of delirium tremens are trivial incidents and only distantly related to the great blessing aforesaid.

"We wish intelligent physicians would confine themselves to its drug-use, and only use it when necessary, if it ever is. Its use as a beverage is a different matter.

"Socially, we have to deal with a different phase of the subject. Warm-hearted, lovable men, for some reason, are among the first to yield to its fascinating use. Yet we conclude it is *une grande faute*, as the French say. You, who know what it costs a woman when a new life is ushered into the world, will surely allow her a good reason for caring a little when she sees that life sacrificed to a selfish drug-habit.

"Doctor, you have unusual chances for procuring the best liquors; you are often worn, and fancy their use braces you up for duty; you see little harm. But the mother, whose bitter suffering you have so often mitigated, and at physical cost to yourself, still appeals to you to protect those lives—the dear, bright, growing boys and girls, who have so much to face and learn. Do not offer socially that which is going to cause such anguish of soul that the pangs of childbirth are as nothing. Do for us better than the clergy. Be our protectors and scientific guides."

DIET IN GLYCOSURIA.

Smothering a glycosuria by diet is about as sensible as cooling a fever by cold, while in the one case the disease goes on unchecked, and in the other the toxin manufactory in the bowels is operating without interference. Strike at the cause and the symptoms will cease.

SPINAL MENINGITIS.

We have secured from Prof. W. C. Sanford a fine paper on Cerebro-Spinal Meningitis, which will appear in the next CLINIC.

This we have been asked for by several readers, the malady now prevailing in several sections.

DIET TO INFLUENCE LABOR AND SEX.

Prochownick (*Obstetrics*) seeks to render obstetrics a simple and easy problem, by enforcing a limited diet during the latter two months of pregnancy. This is not the starvation method advocated in "Tokology," of which some of our readers have witnessed the disastrous results to mother and child. Prochownick simply deprives the child of unnecessary fat and water, while leaving it all that it really requires. He puts the mother on a diet largely of meat and fruit, limiting the sugar, starch, fat, and especially the water, as closely as possible.

Here is his first case: A woman whose four preceding pregnancies had ended in perforation, version and two premature deliveries, all children perishing. The trouble was a narrow pelvis.

"The diet from August 1, was as follows:

"Morning: Small cup of coffee and about six drachms zwieback.

"Noon: Any kind of meat, eggs and fish with very little sauce. Some green vegetables with fat added. Salad, cheese.

"Evening: As above, with addition of 1½ ounces bread and as much butter as desired.

"To be entirely avoided: Water, soups, potatoes, cereals, sugar, beer.

"Fluids per day limited to 12 or 15 ounces red or Moselle wine.

"The confinement occurred at full term, September 20, 1887. Breech presentation—little help required on part of physician. Child female, weight 2,530 gm. (5 lbs.), 50½ cm. long, lean, bones firm, bones of skull hard yet freely movable. No lanugo-hair, but abundant long head hair. Panniculus adiposus everywhere slightly developed, although the osseous system had not suffered. Head: circumference, 32.8 cm.; long diameter, 10.0; transverse diameter, 8.2. Large fontanelle, 2.4 long. Breadth of shoulders, 11.4. Child did

splendidly on the bottle, fed like a perfectly mature child (250–280 gm. weekly), still lives, is healthy, free from rickets and has recovered from several of the diseases of children."

Horn has collected forty-seven cases submitted to this method, not a mother or child being lost. In one case, a very fat woman, the diet failed to keep the child thin, but as the mother gained twenty-two pounds, there is room for doubt as to her obedience.

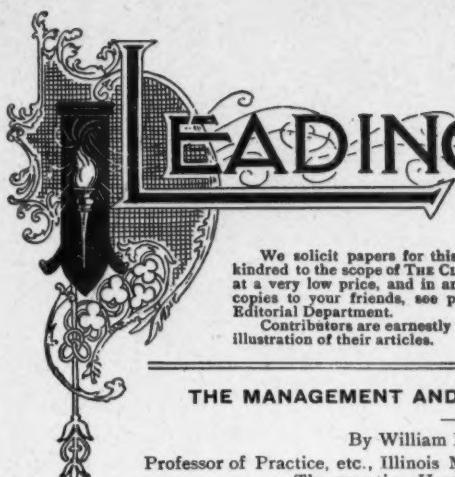
"Schenk's discoveries can never be incorporated into routine obstetrical practice on account of the great number of quantitative urinary analyses involved. Very many individuals, especially women near menstruation (just before or after), excrete sugar normally in such minute quantities that it requires especially delicate tests (phenylhydrazin) to demonstrate its presence.

"Women who do not normally excrete sugar, and especially those whose sugar may be made to disappear from the urine by adhering to a highly albuminous and fatty diet during the periods of ovulation, impregnation and first three months of gestation (up to the time of the differentiation of sex), are practically certain to bear male children. If the sugar cannot be made to disappear by diet the chances are in favor of the birth of female children, yet this is not certain—in fact, there is absolutely no plan by which the sex of female children can be controlled."

A WORTHY CHARITY

The family of Harold Frederic is said to be in destitute circumstances. He sacrificed his life to his faith in Christian Science. Mrs. Eddy, you are said to have realized a fortune from that imposture. Why not devote a little to the unfortunate family of this victim? It would be worth your while, merely to keep it out of the newspapers.

Will she acknowledge the moral debt?



LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on topics kindred to the scope of THE CLINIC, and not too long. Reprints in pamphlet form will be made at a very low price, and in any quantity from five hundred up. If you wish to send sample copies to your friends, see provision under "Articles" in general statement, first page of Editorial Department.

Contributors are earnestly requested to furnish us with a recent photograph, to be used in illustration of their articles.

THE MANAGEMENT AND CURE OF CONSUMPTIVES.

By William F. Waugh, M. D.

Professor of Practice, etc., Illinois Medical College; Professor of Applied Therapeutics, Harvey Medical College.

THE liability to tuberculosis is universal.

I have known the strongest men, living the healthy life of farmers, without an

instance of the disease in their ancestry as known for several generations, to become tuberculous within a year from the day they married consumptive wives. Nevertheless the pre-disposition to the disease varies, and some are more liable to contract it than others. This is not always a question of strength, as the strongest of men may succumb to the attack of the bacillus when weaker men escape.

When a student in Cleveland, one of my classmates, Lee Heavner of West Virginia, a great powerful man, of faultless habits, without preliminary ailment, was seized with tubercular phthisis and succumbed within the year. None of his classmates, exposed to the same influences, occupying the same room, were affected. His family was well known to be consumptive. In this case the evidence seemed to be conclusive that there was a hereditary predisposition and not an infection through residence in an infected house, for the man was not living at home when the disease attacked him.



W. F. WAUGH.

In many other cases the alleged inheritance is really a contagion, the patient being attacked while occupying the house, room or bed, in which a tuberculous person is or has been. Flick has accumulated much evidence showing that tuberculosis haunts certain houses, attacking successive families dwelling therein. If, as is claimed, a consumptive emits billions of tubercle bacilli each twenty-four hours, it is easy to see how a house becomes affected. The most remarkable cases of galloping consumption I have ever known were in four men who occupied a very small bedroom. One became tuberculous and spit all over the floor, walls, and bed. Two of the others were attacked, and died, one in six weeks, the other in four days. The lungs were crowded with tubercles to an incredible extent.

The liability to tuberculosis is greater in the children of consumptives, in scrofulous children, in those who are liable to epistaxis during childhood, in those who are debilitated through disease and faulty hygienic environment, the rickety, cyanotic, etc. The liability is also increased by the occurrence of typhoid fever, measles, whooping cough, and any form of pneumonia.

Contagion is favored by crowding together numerous persons, in badly venti-

lated places such as asylums, jails, factories, and sweat shops, especially when poor feeding and depressing influences are at work. The milk and flesh of tuberculous cattle carry the bacilli, and domestic animals are frequently to be blamed with the infection of their owners.

In the great majority of cases the attack may be credited to the inhalation of the bacilli given off with the sputa of consumptives. Less frequently the other excreta are the source of infection. While the bacilli live for an unknown period outside the body, the influences fatal to them probably balance their reproduction, since the proportion of the human race that becomes tuberculous does not perceptibly increase. It is therefore evident that if care were taken to destroy all the excreta of all tuberculous patients an end would be put to the affection in time.

Consumptives should use a portable cuspidor, of which there are several available forms in the market. The sputa should be burnt; chemical disinfectants are less certain. The feces and urine should be passed into a vessel containing freshly made whitewash, and allowed to stand an hour before emptying. When the patient vacates his apartments, by death or otherwise, the disinfection should be as thorough as possible, the most satisfactory method being to burn the house down. For this reason it is advisable that such cases live in inexpensive houses, of wood or of corrugated iron, with the simplest of furniture.

No person should occupy the same bed as the consumptive, and the children of such patients should be taken to another residence if possible. They should be systematically hardened, by cold baths, salt rubbing, and open air life, carefully regulated exercise, scientific feeding and in a word, all the resources of modern hygiene. Children predisposed to consumption are apt to be very "nice" about their eating. They should be taught systematically to

discourage the eccentricities of taste, and to eat everything. Too often these peculiarities are encouraged by the mother, under the idea that they are evidences of some sort of superiority on the part of the child. The stomach is a creature of habit and may be trained to do its duty as readily as the child itself. Especially should they be taught to eat fats, which such children rarely do. At first the fat will cause indigestion, but by a few weeks' persistence this will be overcome and the fat will be relished. Similar persistence will subdue the dislike for nearly if not all foods at first not relished, and the net result will be a stomach that will digest anything its owner thinks best to put into it; a very desirable state of affairs. I have tried this method on myself and on my children, and speak from personal experience when I say that it can easily be done, and that the results are very satisfactory.

There are three respects in which the choice of a climate influences the patient, whether he is already a consumptive or simply predisposed to that disease. First: All persons gain blood in an elevated locality, the blood becoming richer in red cells and in hemoglobin in high altitudes. I noticed with interest the brick-red complexions of the inhabitants, especially the children, at Silver Plume, Colorado, over 9000 feet above the level of the sea. Secondly: All persons enjoy better health and resist the attacks of disease better, as they spend more time in the open air. Those who are predisposed to tuberculosis and those who still feel capable of making a fight for their lives should arrange their affairs so as to keep in the open air as much as possible. There are advantages even in the noble profession of the tramp, even in that of the book-agent. That climate is best for each patient in which he or she can spend the most time in the open air. This embraces the consideration of heat and cold, moisture and dryness, sunshine and shade, etc. An equable climate, with-

out sudden changes or extreme heat or cold, with a maximum of sunny days, with a dry atmosphere and a free circulation of air, is usually preferred. A thickly wooded country would be objectionable because there would be little circulation and much dampness. Taken altogether, the western slopes of the Rocky Mountains offer the most generally suitable locations, the patient following them south into Mexico as the fall approaches, and north into Idaho as the summer advances. Third: Individual preferences and peculiarities must be consulted. Broadly speaking, mankind is divided into two classes, mountaineers and seamen. Some improve the moment they reach the mountains and languish at the seashore, while others, perhaps in the same family, find the seaside suits them and do badly in the elevated regions. Along the Atlantic coast there are many persons formerly consumptive who have found health there and have wisely made it their permanent home. Others are to be found in the Adirondacks, in Minnesota, Colorado, Southern California, Arizona, Texas, the Gulf Coast, Florida, the West Indies, Old Mexico, and every other locality that has as yet been exploited as a "cure" for consumption. And in every one of these places are the graves of unnumbered dead, who have been allured by the glowing reports of the first enthusiasts who, finding health there, jumped at the hasty conclusion that their experience would be that of all who followed them. Beyond the principles laid down above, there is absolutely no benefit to be obtained from any climate, and the selection must be made on personal grounds entirely. It has not as yet been shown that any climate is specifically curative, or that any atmosphere has in it any element fatal to the tubercle bacillus, or is deficient in any element necessary to its vitality.

The only rule deducible from our experience is that no person should be sent to any place that has acquired a reputa-

tion for the cure of consumption. The reasons are, the pollution of the air by the bacteria from the crowds of consumptives, the lack of proper accommodations from the same cause, and the depressing influence of seeing around one these fellow-sufferers, all animated by the hope of a cure, and most of them evidently deceiving themselves. For the marvelous hopefulness of the consumptive does not take in his consumptive neighbor; and when one sees the others equally hopeful and yet failing every day, the pessimistic thought is apt to intrude, that he also has been deceiving himself, and pessimism is a fatal symptom in a consumptive.

When the location has been selected, the patient must find some suitable occupation; and this is a matter of much importance. He ought to have a productive one, as he should be encouraged to look upon himself as a normal, self-supporting member of the community, and not as an invalid. Indeed, it is hard to say how far this principle can be carried with advantage, as even advanced cases have responded favorably to it. By rule, the patient should keep quiet and in bed while the temperature is up, and do his exercising in the morning, when the fever is down. Fatigue is also to be avoided, as the tubercle bacilli more readily overcome the resistance of the body when it is exhausted by any cause. Fatigue is therefore apt to be followed by a development of the malady. The minute care that follows the patient about, checks him whenever he has had exercise enough, throws a shawl over him when heated or as the air grows cooler, keeps him in bed during the febrile period, and thus prevents taking cold, becoming fatigued and other possible causes of setbacks, has its place especially with advanced cases, and that numerous class that has no sense of its own to exercise. Nevertheless, in this class we can but rarely look for a cure. In the majority the result of our efforts is simply that prolongation of

life and alleviation of its miseries that seems so much to the doctor and so little to the patient.

Though this method of management is theoretically correct, so strong is the influence of suggestion that some will improve by disregarding every precaution and deliberately forgetting that they are invalids. They go out every day, rain or shine, fever or no fever, persist in wandering over the mountains, eat all sorts of food with an out-door appetite, and by the force of will, of the rousing vital powers, and the influence of hope, they actually recover, the wounded lung cicatrizes, and they live out their allotted time. These are the exceptional cases. For one that is thus cured, twenty are killed by the same means. If the patient be of the timorous class that dreads death and wants to cling to every day that he may be kept alive, it is best to adopt the painstaking plan; and this is the only one for the advanced cases, for the weakly and indolent, and for those who are not likely to follow up the active plan with energy and intelligence. But for those brave souls that will only give up when life is extinct, who will die fighting if die they must, and will take any chance, small though it may be, rather than sit still and wait for death, the active plan is preferable.

The diet of the consumptive should be rich in nitrogenous articles, care being taken that they are completely digested. There is a certain antagonism between uricemia and consumption, and the meats that produce uric acid protect against the graver affection. Milk is most useful if from cows certainly not themselves infected. Eggs, fish, oysters, rare meats, with acid-pepsin to aid their digestion, are of special value. But these are not to be used to the exclusion of other food. The most infinite variety of foods gives better results than any limited diet.

The question of alcohol has been fought over for many years, but the view now

held is that this agent does not in any manner aid the patient, while it favors the occurrence of fibrosis and the destruction of the pulmonary cells. Its interference with nutrition is beyond question, while it destroys the appetite, the patient tending to gradually substitute alcoholic beverages for food. I never use alcohol in the treatment of consumptives and rarely in any other affections.

The use of Nuclein in tuberculosis is based on the following considerations: Leucocytosis, the multiplication of the white blood cells beyond the normal number, takes place in almost every disease of bacterial origin, with the exception of tuberculosis. All these other microbial affections are self-limiting—again excepting tuberculosis. Is there any connection between these two facts? Metschnikoff, in his celebrated observations on the phagocytic action of the white cells, concluded that these bodies played the part of an armed force, ready to combat any intruding micro-organisms. Buchner followed with the observation that the blood serum exclusive of the cellular elements could destroy disease germs. Finally Vaughan announced that by the administration of nucleinic acid the number and activity of the leucocytes could be increased. He employed nucleinic acid from yeast, but John Aulde obtained this substance from the brains and other glands of animals, and this form of nuclein, or "Nuclein (Aulde)," is that which I prefer, as being more nearly homologous with the human tissues than that derived from vegetable sources. It has the further advantage in practice that it can be administered hypodermically with impunity, while I have never been able to use the yeast nuclein without causing abscesses or indurations. And while the evidence is strong in favor of nuclein when given by the mouth, it seems wiser, in administering an agent whose action is so nearly if not altogether a vital one, to take no chances on its being

destroyed by the gastric juice, but to give it by the more direct or hypodermic method.

It is uncertain how much nuclein can be given with advantage, but I have administered it in doses of ten to fifteen minims once a day. My results are encouraging and the reports from my correspondents enthusiastic, but as yet the method has not been tried and judged with the thoroughness that is required by modern medical science. All I can say at present is that I recommend its use in all cases of tuberculosis.

This, with reconstructive tonics, preferably the arsenates of iron, quinine and strychnine, is the only general treatment I have to recommend. The various forms of tuberculin have all failed to establish their efficacy, and have less in their favor theoretically than nuclein. The reports from Trudeau indicate that no more is to be said on behalf of the various serums tested at his sanatorium. Many capable workers are running out the possibilities in these lines, and it may be that they will ultimately hit upon something of more practical utility; but at present this is still "in the air."

The endeavor to destroy the bacilli in the body by chemical germicides has resolved itself into the use of creosote and its derivates, especially guaiacol. Out of many cases treated with these agents a few have been cured. These have been individuals who exhibited a remarkable tolerance of the drug, and very large doses were given for long periods, until the patient was saturated with it. One woman thus treated smelt like a ham and her skin was the color of dried beef. Few stomachs can bear these large doses of creosote and guaiacol, but oleo-creosote, the carbonates of creosote and guaiacol and other derivatives have proved more agreeable. Whether they are as effective also, I am not quite sure; but I have obtained excellent results from them

in some cases, pushing the doses up to the limit of toleration; for if benefit is to be expected from a germicide it should be given to bring the body under its influence as quickly as possible, to attain such a degree of saturation as will render it impossible for the bacillus to live in it.

The most potent agents I have yet found are the sulfocarbonates. The discovery of their usefulness was accidental. I had reason to fear that by swallowing sputa a patient would infect his intestinal canal, and to prevent this I gave him zinc sulfocarbonate, which I had long used as an intestinal antiseptic. With the disappearance of odor from the stools the fever dropped, the appetite and digestion improved, and the general improvement followed that is seen in other cases of febrile disease when intestinal antisepsis has been produced. For three years this patient has taken the sulfocarbonate of lime, forty grains a day, and in that time she has never missed a meal or had an indigestion. The calcium salt was chosen because the fragility of her tissues demanded lime, and it agreed with her stomach. I have since made the sulfocarbonates a standard prescription in all cases of consumption, and have been abundantly satisfied with the results.

Iodoform is a remedy that has been recommended by many clinicians, on different grounds. J. Solis Cohen praised its general utility, affirming that he had obtained more benefit from it than from any other single remedy. It is, in part at least, eliminated by the lungs, favorably affecting the cough, stimulating the absorvents, and possibly acting in some degree as an obstacle to the multiplication or to the activity of the bacilli. There is an unusual tolerance of this agent in consumption, and I have given from five to twelve grains daily for months without the production of iodism.

Many observers have noted the virtues of strychnine as a general tonic, improving the appetite and digestion, checking the

fever and the night-sweats, as well as the tendency to colliquative discharges by the skin or the bowels, etc. I have found it decidedly advantageous to give strychnine arsenate, gr. 1-30, three to seven times daily.

Fever is not so much due to the direct effects of the bacilli as to the absorption of septic products. It is necessary therefore to keep the purulent matter cleared away as thoroughly as possible. The pulmonary tract may be cleared out by inhaling the fumes of boiling vinegar for five minutes or more every night just before retiring. This removes the collected secretions, and the patient has relief from the cough for some hours, perhaps until the next morning. Advantage may be taken of this to try to reach the affected tissues with local remedies applied by the atomizer. I usually employ an oil atomizer charged with a mixture of euophen in fluid petrolatum, one part to eight, and spray with this for five minutes. Some few patients find great relief from inhaling the fumes of burning sulphur, and this should be of great value as a germicide, but most persons are unable to bear even a slight inhalation of this irritant gas.

The foregoing treatment, aimed at its cause, generally reduces the fever to a safe point; so that direct treatment of this symptom is not often required. In case an antipyretic is needed, however, from five to ten drops of guaiacol may be rubbed into the skin, in the clavicular regions. This produces so decided a fall of temperature that some caution should be exercised in its application. Or, five grains each of guaiacol and piperazin may be given in capsule every four hours. The reduction of the temperature in this manner is more decided and lasts longer than when Niemeyer's pill, quinine alone or any of the synthetic antipyretics of the anilin series is given.

The cough may be treated on general principles, giving codeine, the cyanide of

zinc, cannabis, or steam inhalations, to soothe irritation; emetin or lobelin to stimulate secretion; sanguinarine to arouse sensibility and cause retained secretions to be ejected; atropine or aspidospermine to allay dyspnea; strychnine and cubebin to restrain excessive secretion, etc. The uses and causes of a cough should not be forgotten in treating it.

Indigestion, diarrhea, etc., cease to be prominent symptoms of consumption when the general treatment advised is employed, and hence I have nothing to add on this score.

And with all this done, what is the net result? What hopes can we hold out to our patient? Will he in spite of it all simply delay his steps awhile, and then rejoin that innumerable caravan that is steadily marching along the road to the consumptive's grave?

We are entirely too gloomy in our prognoses of consumptives. Whittaker says that it is shown by the records of many thousands of autopsies that two-thirds of the human race suffer at some period of their lives with tuberculosis, and that one-half of these examinations show that the disease has been cured. This gives a general mortality of fifty per cent. Admitting the correctness of the gentleman's figures, it is difficult to get away from his conclusions.

I can now look back over a period of thirty years spent in the study and practice of medicine. I have attended many a consumptive to the grave. But throughout my professional life I have seen cures; at first not admitted, as the conviction was so strong that the disease was incurable, that the diagnosis was denied if the patient recovered. This, of course, effectually "jugulated" all the chances of establishing a successful method of treatment. But since the discovery of the bacillus, easily determined by the use of reagents and the microscope, we can proceed on the basis of certainty as to diagnosis, and maintain our

claims of success. And this enables us to assert that our earlier claims were well founded, and that consumption has indeed been cured many times when the doctor allowed himself to be "bluffed" out of the results of his labors.

It is also evident from this retrospect that there has been a progressive improvement in the results, as the methods and the skill of the doctor improved with experience. Cures have been more frequent, and the average life of those who were not cured has been longer. And since every one must expect to die sometime, the importance of this latter statement is greater than at first sight seems obvious. Let it be understood that in each case the prime object is not so much to kill a swarm of invading micro-organisms, or to restore a diseased organ to an impossible condition of perfection, a return to the *statu quo ante bellum*, as it is to best utilize and promote the patient's remainder of vitality, to extend his life and capacity to work and enjoy to their utmost possibility. If this be fully comprehended by the doctor and his patient, the problem assumes a somewhat different aspect. Many a valuable life has been wasted in the vain attempt to win an utterly impossible "cure," when under proper management the patient might have lived to the full limit of his expectancy.

How to live the best and longest with tuberculosis is often our study. In this is involved the proper care and treatment of all classes of cases, from those that can be entirely and permanently cured to those who go down rapidly to the grave.

From the treatment outlined in this paper the writer has had better success than from any method previously employed. The improvement in some cases is almost past belief. In some, the bacilli in the sputa grow scarcer at each successive examination and finally disappear; the symptoms showing a corresponding course. In others the bacilli decrease until very few remain, but these few persist obstinately.

No case in three years submitted to this method has failed to improve very much. Cases of mixed infection have received in addition such treatment as was indicated, Marmorek's serum for streptococci, calcium sulphide for staphylococci and for other infectious micro-organisms, etc. The value of the latter agent in tubercular infection is a question in which we are deeply interested but which we are not yet ready to discuss.

Ravenswood Station, Chicago.

—:o:—

The above from the pen of Dr. Waugh voices the mutual conclusions to which we have come as the result of our individual experiences, during which we have consulted freely and worked in perfect harmony, helping each other, as far as possible, to eliminate all sources of error.

We therefore present this outline as a framework that we know to be substantial and true, upon which our friends may safely build in the treatment of each individual case as it presents; remembering that most cases of tuberculosis when properly handled can be greatly relieved while many others can be permanently cured. Let our readers take up the subject and discuss it freely that we each, and through us humanity in general, may be benefited thereby.

—ED. A

A CASE OF TUBERCULOSIS.

By Charles Denison, M. D.

IN RE the case of "Pulmonary Consumption" page 396 of the June CLINIC, I take it you would like to have it discussed.

It will not be amiss, then, for me to give the result in a similar case, the most successful one I have had this year. Of course there are no two cases in a thousand exactly alike, but Dr. R. W. Y. will notice a similarity in that Feb. 17 last, Mr. R., age 27, also had lost 20 lbs.; his skin was "parchment like, appetite variable, digestion good" and there was "a small cavity" in the left apex" (a small caliber affair but

long, reaching from the clavicle to the fourth inter-space and ending in a bulbous dilatation at the axillary line).

Now this suspicion of a cavity has shrunk-en and is dry—seems to be gone—except the remains of the bulbous end, which (about an inch in diameter) has moved upward say an inch, since I first saw the patient in February. The bacilli, 15 3-10 to the field, have gradually disappeared from his lessening expectoration; in fact he is now (June 8) without cough or expectoration and he has gained in appetite, strength, weight and feelings, ability to sing, ride a bicycle or do anything he wishes to. He has a degree of immunity which would stand the maximum dose of tuberculin, the like of which probably you, and I know I, could not without reaction. He will complete his approximate cure by summering on a ranch 7,000 feet or more above the sea, to the north of Glenwood Springs, Col., where the fishing and hunting will make him forget that he was ever an invalid, if he has not already forgotten it.

It came about this way: This young engineer from New York, always sallow, had pneumonia at 10, began to cough June '97, and a physician in Toronto found a cavity in his left lung in August. He came to Montana September to January, and thence to Tucson, Arizona, January to May '98, whence, not gaining any, he came overland by wagon to Colorado Springs, by August, experiencing thereby some improvement. Been in Denver since October '98. The treatment, middle of February to middle of May, has been mainly Swedish movement gymnastics, the faithful use of the In and Exhaler and a total of 4 c. c. of purified tuberculin, followed by 12 2-10 c. c. of the watery extract (von Ruck's) alternate day's injections, gradually reaching the maximum dose of 1 c. c., May 6, when there was apparent arrest of all tubercular trouble, at least no active symptom for over a month. The higher climate may have had much to do with this

excellent result, but the immunizing process must not be discredited for a just share, though he did turn out to be a good subject for the specific treatment.

I do not know that I should make any objection to the thirteen things Dr. Y. is doing for his patient; they are so much better than the average of what is done. Very likely the Saline Laxative and Anti-septic tablets accomplish for the eliminating bowel what periodical antiseptic flushing of the colon would do, which is a favorite course of mine.

I do not know what is the method used for "deep breathing through a bulbous tube", but if it is the Cincinnati affair, where the patient sucks in the air through the resistance of the packing in the bulb, the doctor has the "cart before the horse," for thereby the delicate affected lung tissues may be aspirated to an approximate closed condition.

To be sure, some clearing out of catarrh may be assumed to account for temporary gain due to this method, however, the congestion of the already infiltrated area is not lessened but increased because the blood on the other side of the aspirated membranes, like the air in the lung-spaces, is a flexible, tractable fluid, and the pressure there is always decidedly negative during inspiration. I have been preaching for years that it is only during the act of expiration that one can reach the affected areas in the lung periphery, and it is only during that expiratory part of the doctor's "deep breathing" that he accomplishes any good.

A Cutler's Inhaler for inspiration, and a Howe tube or an easily devised substitute for it, for expiration, the latter act being intensified and prolonged, would accomplish the renewal needed of both air and blood circulation in the torpid and infiltrated lung area. Better still, more convenient and thorough for use, and having all the advantages of these last named instruments, is the little pocket In and Ex-

haler, which I have used with very gratifying success in over 400 cases during the past four years. I think it is this ventilating air vesicle expanding effect of proper inhaling methods, pulmonary and physical exercise, and the effect of altitudinous climates, that need to be appreciated by the medical profession more than any phase of the treatment of consumption.

As to that 20-year-old-boy, with his left lung apex already excavated, why wait till fall before he is sent away from the environment and probably damp climate in which he became affected? Why send him to Phœnix at all if he, like the patient whose history I have given, can be acclimated to and proven suitable for a higher, more stimulating and perhaps for him a preferable altitude.

Temporarily, to be sure, the pine forests and dry sandy beaches in the vicinity of Marquette, Michigan, or on the southern shore of Lake Superior, might be best. If that boy were my son I would not keep him a week longer in the climate where he contracted his lung disease; *i. e.*, assuming that that place is in your vicinity in the interior lake region, and provided I had determined that his fever had enough abated and strength sufficiently increased to stand a proper test change. Next fall it may be too late, but now if he could reach such a delightful place as Welche's, four miles up the St. Vrain from Lyons, Colorado, and about 6,000 feet elevation, it might happen, with the fishing and climbing he would do and the good living he would get, that his powers of resistance to tuberculosis would be much strengthened, giving encouragement to further improvement during the coming winter.

There are many other favorable summer outing homes to choose from among the Rocky Mountain foot-hills; such as, coming south from Estes' Park, Springdale, Idaho Springs, Pine Grove or Buffalo on the South Park Road, Perry Park (Mrs. Robert's summer home), Palmer Lake and Rocky Mountain Ford; but I specify

Welche's summer resort because similar young men, patients of mine, have done so well there.

I have written a longer letter than I intended, but I ought to add that the greatest obstacle to the proper understanding of the cure by the physical, climatic and specifically immunizing method (via the improved varieties of tuberculin) is probably the inefficiency or incompleteness of our diagnosis. When we can better learn the existing amount of infection and relative degree of immunity, we can better appreciate the wonderful and varied climatic advantages our great country affords, and the delicate technique required if specific measures are to be undertaken. So long, however, as careless measures are trusted to, cheap and inefficient stethoscopes, no records of bilateral chest measurements, spirometer or manometer records, and, as I have been told in certain grave cases, an examination without the removal of the clothing from the chest and the like, our results will fall short of success.

Denver, Colorado.

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Dr. Denison's large experience gives him the right to a hearing, and we commend this paper to our readers' attention. He knows nothing of intestinal antiseptis as he evidently has not comprehended that there is need of it above the colon. Even here Dr. Eccles told the writer he had found it impossible to secure asepsis from flushing alone, unless an antiseptic agent were added to the fluid. Let Dr. Denison take a case, take the temperature for a week and then administer chemically pure calcium sulfocarbolate, forty grains a day for a week, and compare. Don't jump at the conclusion that there is no good in anything outside of your own method, but fairly try the idea.

Dr. Denison has sent us an In and Exhaler for Dr. R. W. Y., whose address we have lost. The instrument awaits his call.—ED.

THE TREATMENT OF INCIPIENT PULMONARY TUBERCULOSIS.

By Brose S. Horne, M. D.

In taking up the treatment of tuberculosis pulmonalis the writer will not attempt to speak of the etiology, symptomatology or diagnosis of this disease, for it is taken for granted that all are well acquainted with these.



Nor will he attempt to lay down a fixed treatment for every case, based on the name, for B. S. HORNE. "what is there in a name?" In the language of Thompson, it would be like trying to lay off the surface of a lake into acres. Whatever name you give to a patient's disease, he is very apt to have something more than that name will cover. The truth of this statement cannot be more fully appreciated in any disease than in this one.

Many brilliant observers spend their lives in the study of this disease, but very few study the most essential part as they should, the treatment, based on pathologic data.

The writer wishes to acknowledge in the start that change of climate is of supreme importance in a great many cases, but we come in contact with others that, for one reason or another, cannot avail themselves of this; many more in fact than most authorities would have us believe. In our day we have advantages that our forefathers did not; and yet they, if we can believe their notes, cured cases in the incipient stage. By the use of the microscope and other instruments we can detect the disease much earlier than they, and our results are correspondingly better. There is no doubt but that this disease can be cured in the early stage; but it is very doubtful if it can be more than relieved, if that, after this period. Our help is to come from the hearing more than from the sight, as

cases develop before we have the characteristic bacilli in the sputa and it is debatable if this micro-organism is an infallible evidence of the disease.

The phonendoscope would be all we would want if it came up to what was first represented; but as it is, it is far superior to any other instrument in its line, and is superior to the microscope for the reason that it can be put to use much earlier.

The simplest treatment sometimes cures this disease, when elaborate ones fail. In this disease, as in all others, the treatment is symptomatic. Medicine would not be a science if this were not true. The first symptom with which we come in contact, and the most important is the *pyrexia*. Just in proportion that you control this symptom, you have an abatement of the disease; and physicians being conscious of this great fact, have searched from time immemorial for a remedy that would control this symptom. Consequently we have a number, and many fall far short of reaching the desired end. An individual who depends upon quinine, or coal-tar derivatives, is certainly very poorly off for proper remedies. It is a shame that many eminent men in our grand profession can find their only salvation in the patented antipyretics of German origin. Of them all, salol is the superior, for the reason that it acts as an intestinal antiseptic; and many cases suffer more or less from auto-intoxication. Aconitine and veratrine in small doses frequently repeated prove of much more value, when indicated, than any of the above. Strychnine and digitalin add to their value as indications suggest. Burggrave always administered five or six granules strychnine arsenate and combined with it aconitine and digitalin, but where we have the bounding pulse it is essential frequently to administer veratrine.

In the experience of the writer there has nothing equaled the *Cactus Grandiflora*, better still in the form of cactin, in the small dose, frequently repeated. In those

cases with a pulse weak but fast, high temperature with irritability of the nervous system and anxiety, where there seems to be exhaustion, nothing equals this drug. In time this drug will supersede the antipyretics, and be a strong rival of the aconitine that is now justly praised by the progressive.

In spite of this fact, many of the "library therapeutists," who are permitted to air their impractical knowledge, in some large volume that is to be perused by medical students and young practitioners, which makes it all the more unfortunate, speak very little, if at all, of the value of the night blooming cereus. No other drug, I believe I am justified in saying, from actual experience, meets this symptom so well and in the end gives better results. Some may doubt that this drug reduces fever, but practical experience with a reliable product of cactus (it is better to use the active part of any substance at all times), will dissipate this idea.

For the night-sweats nothing equals the warm bath. Of the medicinal agents far and away the best is atropine, hypodermically or by the mouth. This drug should always be given the preference. In case of failure, which is rare, we can give agaricin.

For the cough apomorphine comes in good play. Nothing relieves this quicker. Codeine added makes an excellent combination. Morphine can be used, but codeine is its superior.

But the fact should be kept in mind, as was said of pyrexia, that a most successful treatment of the cough means a cure of the disease, and consequently the treatment should be directed to the cause. This is also true of all the symptoms. Some object to the use of morphine, on the ground of habit; but, as Whittaker says, "no evil is so great as tuberculosis."

When Koch announced tuberculin we as a profession thought he had discovered the true antidote for this disease, and imagined we had the real substance that would reach the cause directly. That the

profession was sadly disappointed I am sure all will agree. Those that still advocate this antiquated treatment claim that it cures only in "pure tuberculosis", and will not benefit in the least a case of "mixed infection". Where we have one case of the former we have ninety-nine of the latter, as experience will teach.

And this leads any observer to consider this a "dying cry." The serums, from Alpha to Omega, have been tested and in the majority of cases found wanting; and as most cases tend towards recovery, as autopsies on death from other causes show, the few claimed cures are not reliable.

The first real advance made in the treatment of the cause was when the nuclein was introduced. There is no case but what it does good, and it requires no scapegoat, like "pure and mixed". For my limited experience there has been no other one thing that equaled this nitrogenous constituent of the cell nucleus. By its nature is assisted. We are positively giving the active principle of life. It must come close to the cause. This agent agrees with the stomach at all times, and under all conditions; but I believe it best to administer it hypodermically. Our object, in treating any case of incipient phthisis, should be to save the stomach. When the individual develops gastric disturbances it is a bad omen.

It would not do to close this article without speaking of the old favorite, "creosote". Some may think it strange that it was not considered among the first, but I am not so enthusiastic over this drug as some. It benefits a few cases, but I am fully in accord with Cornet, who claims that it acts only by improving digestion. We have other remedies that will do the same, such as quassin, strychnine and iron arsenates. It is well to make a rule in this disease, as well in all others; to give quassin when there is dyspepsia; in anemia to administer iron arsenate; if there is prostration strychnine arsenate. It is well always

to have a reason for giving any drug, if possible.

Iodoform is superior to creosote, but the odor has caused a prejudice against it. This can be easily overcome by using it in the granule form (Abbott).

Guaiacol carbonate can be used with advantage in some cases; if given at all it should be administered hypodermically, one to seven minims, well sterilized, at a dose.

Some claim good results from the use of formaldehyde in the developing state of phthisis. We should not of course neglect antiseptic inhalations, having the patient breathe deep; and to advise lung gymnastics.

Cactin, the active ingredient of *Cactus Grandiflora*, is not a proprietary product, but is obtained from the drug by scientific means.

I omitted mention of cod-liver oil purposely, as I consider it simply a food, though an essential one.

Bluffton, Ind.

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Dr. Horne writes us that since forwarding this paper he has noticed in Finley Ellingwood's fine work on Therapeutics a recommendation of cactus as an antipyretic.—ED.

YELLOW FEVER: REPLY TO CRITICS.

By W. L. Coleman, M. D.

I BEG a little of the CLINIC's valuable space for some explanatory remarks in regard to my brochure on yellow fever, while



W. L. COLEMAN.

at the same time I will try to answer a few criticisms of some of my kind reviewers, among whom is to be found the esteemed CLINIC editor, who was also the editor of the aforesaid brochure. I make no claim of being a trained writer, in any sense, for I have spent nearly half a century laboriously in the ranks of our noble profession,

whose duties allow no time for the study of rhetoric. Hence I find that the productions of my pen abound in violations of all its rules, and are sadly lacking in clearness and conciseness.

The work is not all that I had in contemplation for years, and I almost regret its publication, for as I was unable to correct proof sheets, many little errors crept in. Besides, it was written under such great difficulties and unavoidable interruptions, on account of my then exceedingly feeble physical condition, that I find I mislaid and omitted much valuable information and data I had previously collected.

Still, with all its imperfections and incompleteness, it contains truth, irrefutable truth based upon undeniable historical facts, and I claim that my deductions and predictions in regard to the disease are all legitimate and in perfect accord with those facts. While some disagree with me upon this point, I unhesitatingly challenge successful refutation, and confidently trust to the future history of the disease to sustain and establish the truth of my every position. I claim also that the origin and cause of the disease, as given in this little book, are facts thoroughly established by its history of nearly three centuries; and as this cannot be gainsaid without falsifying history, I am justified in saying that consequently we have a clearer and better understanding of the etiology of this long, mysterious and little known disease than of any other specific disease with which we have to contend. A candid and critical review of the whole history of the disease and its cause, from its first appearance down to the present, will convince any unprejudiced mind that this claim is uncontestedly true, and is being perfectly sustained and verified by each passing year and succeeding epidemic.

The only objection and argument against this clearly established origin and cause of the disease that I have seen is from the pen of a learned reviewer and friend of the

author, who, after characterizing these historical facts as theory, summed up his crushing argument in the elegant expression, "this is all poppy cock." "That do settle it," for such an argument is unanswerable and I shall not attempt it, but proceed to notice the charges and criticisms before mentioned.

The first by Dr. Abbott is that I failed to mention the important fact that the drainage and sewerage of the three large cities, Havana, Bahia and Rio Janeiro, where yellow fever has been longest, and is still, indigenous, all empty into the sluggish waters of their land-locked harbors. Now, I thought I had stated my theory and views of the origin and cause of yellow fever so plainly that anyone would see at a glance that the fact and condition mentioned did not enter into the consideration of nor cut any figure or exert any influence in the production of the disease. While yellow fever is essentially a filth disease in its origin, yet if the capacity of the sewerage and drainage of those cities was increased an hundred fold, and continued to pour all their material filth into their harbors till their stagnant waters became dense enough to slice with a knife, not a single case of genuine yellow fever would arise or could be produced without the addition of the "peculiar filth" and the "specific infection" of yellow fever to which it gives origin. It is true, that "peculiar filth" had been pumped out and thrown overboard from the holds and bilges of hundreds of *specific* vessels annually for nearly three centuries, to mix and mingle, ferment and putrefy, in the mud and poison the already filthy waters of those almost tideless bays. Especially was this the case in the bay of Havana, the headquarters of the iniquitous slave traffic from its inception to its abolition, and which is so situated that it would require a century or more for its waters to be completely changed by the natural action of the tides.

Just what part the filth of the aforesaid sewerage and drainage has taken and still continues to take, in the production of the terrible tragedies of the Scourge of the South, is beyond the power of any man to say. Reasoning from analogy and observed facts I would say emphatically, that I believe it takes no part and exerts no influence, one way or the other, upon the "peculiar poison" which causes this unique and specific malady. Why? Because this "specific infection" has been carried time and again to the clean, pine lands of Georgia, Alabama and Mississippi, and has there given rise to as virulent epidemics of yellow fever as have ever occurred in Havana, and also because the same natural filth of cities in the harbors on our Atlantic seaboard has utterly failed to produce a single case of the disease in the period dating a few years after the abolition of the legitimate slave trade down to the present, that act having had the effect to stop the arrival of those special vessels and put an end to the yearly additions of that "peculiar filth" to the mud of those harbors. And it has also failed to foster and preserve the vitality and energy of the "peculiar filth" originally deposited there, which soon lost all power to reproduce the disease, from its dilution and removal by the action of the waves and tides of the Atlantic.

Precisely the same facts and results can be as truthfully affirmed of all the ports and harbors of Spain, where the disease prevailed so frequently and virulently during the most active and prosperous epochs of the contraband slave trade, from 1808 to 1823, when those piratical vessels had free entry into those ports, and were engaged in doing what slave-ships were never permitted during the legitimate traffic, that is, to become common carriers; for the owners of these vessels, actuated solely by the desire for gain, in completing the round voyage from Africa, most generally took a cargo of West Indian products to some

port in Spain, after discharging which they washed out the hold and changed the bilge-water of the vessel. This could not be done at the points of debarkation since they were engaged in an illicit traffic, and their human cargoes were usually discharged in the night at some obscure point on our coast, and they sailed immediately for the West Indies to obtain a cargo for the return trip to Spain where these vessels were owned. This opening and cleansing of the holds was almost invariably followed by an outbreak of yellow fever in the port where it was done, tho' no cases had occurred on board during the return voyage.

In 1823 or 1825 England paid Spain three hundred thousand pounds (\$1,500,000) to stop this illegal traffic. Immediately upon the cessation of the visits of these particular and special vessels, yellow fever disappeared like magic, and became a thing of the past in all the ports of Spain, where it had been prevailing yearly for the previous fifteen years, as it has become in all the ports and seaboard cities of our country; and as it is fast becoming in all its original strongholds within the tropics, from a lack of the old yearly additions of the "peculiar filth," and from a gradual dilution and weakening of that which was last deposited.

Can the proofs of the relation of any cause and effect be more clearly and incontrovertibly established than those which I have adduced, to show that yellow fever was an effect and result of the old African slave-trade? He who cries "poppycock" at such irrefutable facts is so thoroughly dominated by prejudice and bigotry that he will still be incredulous when my prediction of the final extinction of yellow fever is fulfilled, and would not believe tho' a dozen yellow fever victims arose from the dead to testify to the truth of my deduction.

The next charge which I will notice briefly was broadly intimated by friend

Abbott, and bluntly made by my other critic, that I am a believer in the old exploded theory of spontaneous generation, a theory at once so absurd and so at variance with all the laws of rational evolution and of life, that I could never comprehend why it was accepted and taught by regular science so long. I not only do not and never have believed in the theory, but I go further and claim that every form of kinetic energy in the material universe, in connection with matter of which we are cognizant, is the product of energy, applied to a source of potential energy from an exterior source of *pre-existing* life. Consequently there can be no motion perceptible in matter, animate or inanimate, without this energy supplied by life. And hence it would be the height of absurdity for me to claim that a new living species of micro-organism could possibly arise without parents. I admit my language affords good grounds for the charge, for in my desire to make my conception of the yellow fever poison clearly understood, I adopted and used the vernacular of the germ-theorists of the age, and thus unwittingly expressed what I neither understand nor know, and what I do not at all believe.

I wrote as if I believed the "specific infection" causing yellow fever was undoubtedly a living micro-organism. But I now say, without the fear of successful contradiction, that the pathogenic agent of the disease has never been discovered, isolated and its physical characteristics studied and understood, Sanarelli and Domingos Freire to the contrary notwithstanding. I venture the opinion that their discoveries may possibly be the product of the disease, and bear a similar relation to it that the vaccine virus does to smallpox; hence may perhaps prove to be prophylactic, but never pathogenic.

Be that hypothetical, disease-producing entity what it may, vegetable germ, zoospore, ptomaine, gaseous emanation,

chemical agent, organic or inorganic, one thing is certain—I have demonstrated beyond any reasonable doubt that it is the specific product of an animal poison. And whatever its physical and chemical form and qualities may be, it is not necessary, as I unfortunately wrote and tried to have deleted when too late, to consider it to be "a particle of living matter derived by direct descent from the living matter of the organism of that lower race to which I trace its origin." Judging from the phenomena it exhibits in its method of propagation and spread, it is more rational to regard it as a microscopic fungus. For in the first stage of its existence the imported germ is confined to the earth's surface and low-lying objects, and requires a certain amount of heat and moisture to enable it to multiply and spread, its increase being infinitely more rapid than visible fungi, such as mushrooms, toadstools and animal parasites; and it advances in every direction at the rate of about forty feet a day, along moist surfaces, without affecting the atmosphere. It continues to propagate thus from sixty to one hundred and twenty days, depending upon the date of its importation, as the process is checked and its vitality destroyed by a freeze. After a definite period, which has not been accurately determined, the successive crops attain maturity and the product of these fully ripened germs constitutes the pathogenic agent of yellow fever, and at the same time terminates the existence of the poison, for it can neither multiply itself nor reproduce its parent germ. Hence there can be no period of incubation in the human system, and the disease is infectious only, and in no sense contagious.

This end-product of the poison must be practically unlimited in quantity to completely fill the atmosphere of an infected locality, infinitesimal in its microscopic size, and a perfect positive electric to enable it to attack and destroy the oxygen,

the best known negative electric, of the vital stream. As it is not affected by strong winds and is often confined to a tier of blocks, one side of a street or one-half of a city, by clearly defined lines of demarcation between it and the pure air, it must be, as the original parent germs are, controlled and kept within those limits by the earth's lines of magnetic force, which can be verified by a competent scientific electrician.

But enough of this, for, tho' it is mostly hypothetical, yet it is perfectly plausible and rational, being deduced from constant phenomena exhibited by the poison, which I have observed and studied so long and patiently.

There is one other fact I wish to mention and emphasize, *viz.*, while all reliable writers on the disease, from Dr. Rush down to the present, almost unanimously speak of "the proneness of yellow fever to originate in the *holds* of vessels," they failed to discover the real truth and discriminate between those bringing the germs in their cargoes from infected ports, and those particular vessels, African slavers, in which the "specific infection" originated from the "peculiar and specific filth" in their holds. These vessels, once engaged in that traffic, were never withdrawn, for in spite of all efforts to cleanse and purify them they became in time so foul and ill-smelling that the approach of one at sea could be detected in a favorable wind, long before it hove in sight, by that horrid odor.

There are two minor charges by my kind reviewer, *viz.*, "that I am a predestinarian, and a believer in a special providence," which I mention merely to say, regardless of what he or I believe about those tenets, yellow fever, with its power to destroy, was just as certainly predestined from "the beginning" as that the laws of nature are immutable. Wrong-doing never fails to bring retribution, and tho' I styled yellow fever a Nemesis and an agent of retribu-

tion and vengeance, yet I did not mean by that to say that the Omnipotent Creator and Ruler of the Universe would take the slightest notice or part in its production for the purpose of vengeance. All His efforts and determination to avenge that infamous wrong perpetrated by that traffic were consummated "in the beginning" by the enactment of His immutable laws. The law violated in that wrong-doing, and the law rendered operative by the changed condition resulting from that violation, and under which this Nemesis, this avenging Scourge, was born, and the law which has continued its visitations unto the third and fourth generations, or indefinitely, are all simply expressions of His will and eternal purpose, and as they were established from the foundation of the world, nothing more is required from Him to render them operative and effective at the proper time.

Navasota, Texas.

—:o:—

My personal observations at Rio de Janeiro showed that yellow fever first appeared in the crew of the gig, which awaited the captain at a wharf under which a great sewer emptied. It is not inconsistent with Coleman's theory that the specific *materies morbi* from the slave-ships should find a suitable nidus in sewerage. At St. Catherine's, Brazil, where the natural drainage was good, no yellow fever prevailed; at Santos above and Buenos Ayres below, the pestilence raged yearly, until it forced the inhabitants to correct sanitary errors. I think Dr. Coleman underestimates this element. Granting his theory as to the inception of yellow fever in the slaves, it is not likely the infective principle could survive so many years if it were not in a medium suited to its multiplication. Disease-producers are either vital or chemical. The former require food for continued existence; the latter are not infectious. And the hygienic conditions of the pine lands can hardly be held up as sanatory models. Wherever men

live their excreta must be disposed of, and except with perfect hygienic knowledge, will constitute a congenial home for disease-germs.—ED.

BREWERESQUE.

By H. S. Brewer, M. D.

THE mind is the natural protector of the body. Every thought tends to reproduce itself, and ghastly mental pictures of disease or vice produce scrofula of the soul, which reproduces them in the body. Anger changes the chemical properties of the saliva; makes it a poison dangerous to life. Sudden and violent emotions have killed many; have frequently produced insanity. The state of mind can be determined by chemical analysis of the perspiration, which, brought in contact with selenic acid, produces a distinct color—in criminals it is pink; in lunatics it gives a blue tint.

Know, then, whatever cheerful and serene
Supports the mind, supports the body, too.
Hence, the most vital movement mortals feel
Is "Hope," the balm and life-blood of the soul.

People given to worry are sure to become diseased. A mother who became very angry while nursing her babe was very much shocked to learn that she had killed it; the milk had turned to "virus."

The mind is the natural protector of the body. Every thought tends to reproduce itself, and ghastly mental pictures of disease are reproduced in the body. The body can be changed from a diseased to a healthy condition through the operation of "interior forces." This is the natural method. Drugs are artificial agencies. The only thing that any drug can do is to remove obstructions that the life forces may then have a better chance to work. The real healing process must be performed



H. S. BREWER.

by the operation of the life forces within.

For generations these important influences that play upon nutrition have remained an unconsidered element in the medical thought of the day. The most exclusive drift of its studies is directed to the action of matter over mind. This has seriously interfered with the evolutionary tendencies of the doctors themselves; consequently the "psychic" factor in medical practice is still rudimentary. However, the twentieth century is upon us, and we who live will experience great changes.

The Christian Science craze is dying, and the truths that they gleaned will ever be a compensation for the idiotic manner in which they were expressed.

"Our doubts are traitors, and make us lose the good
We oft might win, for fearing to attempt."

Many foolish theories have been sifted and exploded, and yet, the underlying principle, the truth, remains. God is the spirit of Goodness. Goodness is God. Be good and you'll be happy and healthy.

Do not shut out the "Divine inflow." "My words are life to those that find, and health to all their flesh."

Would you remain always young; would you carry all the buoyancy and joyousness of youth, then have a care concerning what you allow your thoughts to dwell upon—make yourselves, as Ruskin says, "nests of pleasant thoughts," and you will find that they will be reflected outwardly.

Some of your griefs you have cured,
And the sharpest you still have survived;
But what torments of pain you endured
From evils that never arrived.

In the way of good thoughts, then, is life, and in the pathway thereof there is no death.

For Good may ever conquer Ill;
Health walks where pain has stood;
As a man thinketh, so is he;
Rise, then, and think with God,

Love begets love. Hatred begets hatred. Thoughts of evil produce their like. Selfishness is the root of evil, ignorance and crime.

The time will soon appear when to be ill is to be disgraced. The learned professions are all looking backwards. A man once journeyed into a far country, and he came to a place where he was very much shocked to see that the inhabitants thereof all walked backwards. He asked to know the reason for such ungraceful conduct, but they could give no other than that they had always done so. And what seemed to him ridiculous was to them the right thing to do. He turned a few around, the face to the front, and soon had them all going face forwards, heads up and happy, where they once were a miserable set from looking backward, and gazing on their "trip-ups" from whence they had come. In a word, precedent is a bungling way to travel.

Every day should be a fresh beginning.
Listen, my soul, to the glad refrain;
And spite of old sorrows and older sinning,
And puzzles forecasted, and possible pain,
Take heart with the day and begin again.

You may ask how I can write thus, and be a conventional, orthodox physician. God save me from being one. You might as well try to make a poet or an artist by riding the precedent mule, as to make a physician by sending him just to the "Deestricht Schule"; as the old darkie would say, "We has to be bohn, Sah."

126 State St., Chicago, Ill.

—:o:—

The final test of all theories is putting them into practical operation. Garretson used to say any man can have an angel for a wife if he only remembers to tell his wife she is an angel, on every possible occasion. For shame's sake she would become angelic, for no woman cares to be less adorable than her husband thinks her. At any rate, his system is an exceedingly agreeable one to put in practice in one's home. And so Brewer's thought, quaintly expressed, has the soundest sense behind it; and no human being but will be the better for every attempt made to "walk with God."—ED. W.

BYRON ROBINSON'S "ABDOMINAL AND AUTOMATIC VISCERAL GANGLIA."

A Review by E. M. Epstein, M. D.

I HAVE read this book carefully, slowly, and thinkingly, for the subject attracted me greatly. I often had to reread sentences in order to be sure that I understood them; and often, too, some thoughts of the author started new thoughts in me, of which I was never conscious before.



E. M. EPSTEIN.
At the close of each chapter of the book I felt I knew some things that I did not know before, and some other things which I did know before I knew better.

It is a most valuable monograph for the anatomist, physiologist, physician and surgeon, (abdominal especially). By far the greatest part of the book is full of the author's original thoughts, and of his personal researches with the scalpel on both the dead and living, on man and beast. And he had his eyes always open, and his mind always thinking on this subject that occupied him for many years; and what he saw and tried again and again, tested and finally interpreted, is now before us in this book, of only 261 pages.

The style of the author, though it may not be clear of the guilt of unnecessary repetition, is thoroughly innocent of verbosity. These 261 pages might be expanded to five times that number, and yet the thoughts in them would not become thin on that account but only more transparent.

This work labors successfully in two directions: (1) To explain parts of the anatomy and physiology of the human organism, which are yet not fully known; and (2) the application of this knowledge to

practical medicine and surgery. We may not always agree with the author's explanations, but they ought to impress every careful reader of this attractive monograph mnemonically; so that, when the occasion comes to him, that reader would have to have a better "forgetory" than memory, not to remember what Byron Robinson says on this or that subject. But the truths which the author offers us are like the gold imbedded in the labor-demanding quartz, and not that to be gotten for the mere washing of the loose sand; and this quartz yields pounds to the ton.

In the preface the author wisely preventively informs us that "the present volume does not belong to the stereotyped, systematized text-books". Very true, indeed, it is just sympathetic readings.

In chapter first he gives a succinct and useful history of our knowledge of the sympathetic system of nerves. On page 8, last § the author gives a cogent argument for the "priority" of this system; yes, but not its superiority to the cerebro spinal system. Indeed, I would say, if man is a will, as Schopenhauer and Edw. V. Hartman insist, then the cerebro-spinal system is the instrument of expressing conscious will, and the sympathetic is that of unconscious will; for there can be no purportful action without will and thought, and the action of the sympathetic is purportful.

Chapter second opens with an honest confession, made in behalf of all of us, and our as yet imperfect knowledge of the two parts of the nervous system. And yet how much dogmatism is indulged in about these systems by medical writers! Does any reader of this doubt that the sympathetic is the nerve of the vaso-motor action? And yet this is but a tradition delivered to us by the elders, and not an anatomical truth. In reading the author's thoughts throughout this book, and admiring the extent of his readings, I regretted that the Russian language was not familiar to him, for then he could have read Byodoous-



B. ROBINSON.

sov's microscopical demonstrations of the unfoundedness of that tradition. That indefatigable Russian savant only invented a firm yet movable stand for his lenses, under which he was enabled to dissect and unravel that which he was the first to see, and which every one else can see, who adopts the same methods.

Chapter third is devoted to "general considerations"; and here we become acquainted with some of the author's original views and terms. The term "Abdominal Brain", however, which the author (page 24) seems honestly to think himself the first to use for the ganglia of the solar plexus, is older than himself. Hyrtl, in his anatomy (8th Aufl. 1863, p. 866) in speaking of *ganglia semilunaria* of the solar plexus, says that when they coalesce into one mass they are then called "*ganglion solare*", *cerebrum abdominale*," sive "*centrum nervosum Willisii*."

The term "Rhythm," which the author uses extensively for the movement and cessation of any viscous, not only that of the heart, is liable, I think, to objection. Rhythm refers to the regular *arsis* and *thesis* of marching, analogous to which are the systole and diastole of the heart, but this cannot be said of the movements and cessation of, e. g., the stomach and the rest of the chylopoietic viscera, nor of the uro-poietic viscera, nor indeed of any other viscera, the lungs excepted. The author himself calls menstruation "periodic congestion." Would not therefore, "periodicity" be a less objectionable term for the same phenomenon? For it does not necessarily refer to regular intervals of time between motions, and this is all the author means by "Rhythm".

On page 23, the author has an excellent paragraph on the varied nervous supply of the uterus and its neck, and the former's periodic contractions during parturition. The pencil I held in hand during the reading of this exceedingly suggestive chapter was kept busy on the margins, but I dare not reproduce a tithe of the notes, favor-

able and adverse, I made there. It is, I think, the largest chapter of the book, but could be made far longer if the author were less concentrative. On page 44, there are some very helpful thoughts regarding hepatic disturbances during diseases of the generative organs.

Chapter fourth is devoted to "the independence of the sympathetic nerve," and here some new yet very plausible ideas are brought forward, especially numbers six and nine.

In the "anatomic and physiologic considerations" of chapter five, the author very honestly tells of the much we do not know of the sympathetic system; and in a Socratean sense this is a valuable amount of knowledge, and inspires with confidence in that which we do know. The author's idea, that "sympathetic ganglia may be situated in the cerebro-spinal axis, yet not be an integral part of it" (page 64, last §), is as happy as it is novel, and may become very helpful in explaining many phenomena in health and in sickness, though it may force us to revise some of our hitherto maintained notions.

Chapter six is short, but full of suggestive thoughts.

Chapter seven, "Considerations for the removal of pelvic and abdominal tumors", is a very instructive chapter. On page 82, 3d line from top, "disordered" should be read "discolored". On page 96, 17th line from the bottom, the author ought to have told us what kind of a melon he meant; was it one of that water kind of Georgia, in which a good-sized baby can take a full bath, or was it of the cantelope kind that is hardly enough to begin breakfast with?

Chapter eight, "Shock," is a very brief one, but very useful. The author does not take the item of suddenness in his consideration of the subject. Why?

Chapter nine is a very long one, in which are discussed: (1) The extensive nerve supply to the genito-urinary organs; (2) the supply of the sympathetic to the rectum,

and its relation to coition; (3) relation of the pelvic organs to the larynx, to the province of the fifth cranial nerve, to the stomach and to the eyes; (4) automatic menstrual ganglia; (5) menopause.

The author's language implies his regarding the nervous system as a living being, *per se*, with which the various points of the animal organism are "connected", and he does not speak of nerve-supply, or innervation. His language suits better his ideas, that a ganglion is an originator, organizer and reorganizer, of force transmitted to it by the strands which connect the various ganglia of the organs of the organism and which produce the phenomena we call reflexes in health and in disease.

The chapter opens with the author's *Credo* in the speculative theories comprising the dogma of evolution, and by this his faith in the nerves seen, he explains to his entire satisfaction the wonderful sexual instinct in the "*animal race.*" (Italics mine, phrase his). But aside from this gratuitous confession of faith, the original thoughts in this extensive chapter are far-reaching, and though far also from commanding instant conviction and assent, are nevertheless of the highest value to the thinking physician, since such original ideas as the author's evoke the reader's own rethinking on the subjects touched. It helps one to be lifted up and out of the ruts of routine, in which, by inertia-producing habit, one is apt to repeat the false as well as the true practices of our predecessors. The language in this chapter will give the reader some trouble, but he will be richly repaid for it.

Chapter ten is devoted to "General visceral neuroses", and is very helpful both in diagnosis and treatment of ailments coming properly under this designation.

The subdivision, "hyperesthesia of the sympathetic", in which the various sympathetic plexuses are touched upon is very attractive and useful.

Chapter eleven, "Motor neurosis," is

another splendid effort of this original investigating author. In this chapter he discusses: (1) intestinal movements; (2) intestinal secretion; (3) secretion neurosis of the colon; and (4) constipation. These subjects are here discussed almost exhaustively, and certainly far more extensively than they are in the usual manuals of physiology and practice. And again I am bound to say, that though not subscribing to all of the author's reasoning, I am thankful to him for the facts which he brings to view in these subjects. For while we all can reason, we do not all have access to facts in such numbers as to reason correctly.

Chapter twelve is devoted to the "Significance of sudden acute abdominal pain." The reader will meet here with much difficult but very useful reading matter. The author does not present us, here especially, with a master-piece of belles-lettres, but with many such pieces of close and useful observation.

Chapter thirteen, a very short one, treats of "The sympathetic relation of the genitalia to the olfactory nerves." The practical as well as the historic points here brought together are very interesting.

In conclusion I would call the attention of the readers of the CLINIC to Dr. Geo. M. Aylsworth's article in the January, 1898, number, entitled: "The ganglionic nervous system as an etiological factor in disease, and the feasibility of basing drug therapeutics thereon."

West Liberty, W. Va.

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We have been repeatedly asked for information upon the sympathetic, ganglionic and vaso-motor nervous systems. Readers will find Dr. Robinson's book, so ably dissected by Dr. Epstein, a whole library on these topics; and in addition to Aylsworth's scholarly paper, Dr. Buckley has contributed a number of articles to be found in the back volumes of the CLINIC.—ED.

THE CARDIAC INDICATIONS OF DIGITALIN.

By Thomas Linn, M. D.

IN medical practice we often see old people, who have so far passed a healthy life, but little by little, or even suddenly,



are taken with a series of symptoms that look like a systolic trouble—that is, they have shortness of breath and the heart-sounds are very slightly or not at all defined, while the pulse may be slow or rapid. Soon we shall find a little oedema of the ankles, and that is about all. The heart-murmurs may be entirely absent and yet the organ has given way, and stasis has come in the other organs as well—there will be perhaps complete or partial retention of urine, etc.

What we have to do here is to act at once with digitalin, and it is often astonishing how such a small dose as a milligramme of it, given in granules, will clear up these cases. Of course, a laxative is used, as well as other more or less hygienic methods of cure, but digitalin is the active element of cure. If the physiological equilibrium is now maintained these patients will go on for a long time.

No matter what the origin of cardio-vascular difficulties, if it succeed to valvular cardiopathy or a lesion of the myocardium, this is the most successful treatment, combined with rest and milk diet to favor diuresis and hasten the work of the venous system.

Some of these asystolic troubles are caused by gastric difficulties which bring on cardiac fatigue. It is often, indeed, best to simply put these old people to bed and put them on milk, and no drugs at first; then the Saline Laxative and digitalin on the following day meet the case.

The paleness of the patient, the pulse,

a state of nausea and vertigo, will easily indicate when the therapeutic dose has been overdone. This state will often be seen in giving the infusion of digitalis in the second or third day, or even sooner, as patients do not support the infusion well; so nausea and vomiting are often found long before the proper dose has been taken, and if these digestive accidents occur the treatment cannot be continued. It is, as we all know, quite different with alkaloidal treatment in these states, as it will allow us to go on and keep our patients in a fair state of health for years.

Paris and Nice, France.

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This action of the infusion of digitalis is easily comprehended. Water dissolves out the heart-sedative, tension-relaxant digitonin, and only digitalein of the heart-tonics; leaving behind the powerful cardiac tonics digitalin and digitoxin. Hence the infusion was condemned in weak hearts long before the chemistry of the drug was understood. One of the results of alkaloidal therapy is the discovery that when the pure principles are given, if care be taken to give just "dose enough," just sufficient to compensate for the deficiency, digitalin can be administered for years without any ill resulting; in fact, dosimetry is too young to tell us how long it can be thus given, for patients are still living and in good shape who have been taking digitalin ever since the writer began to use it as a medicine.

How often to give digitalin is a very delicate question. A recent French writer, basing his opinion on the view that the object is to get rid of the accumulated blood the heart has failed to propel, gives one dose of digitalin and does not repeat for six weeks. There is correct reasoning behind this. Let the arrears be swept forward, and do not repeat the aid until it is needed, let the time be longer or shorter.—ED.

SEXUAL HYGIENE.

(Seventh paper—continued from July Clinic.)

A REGULAR meeting of the Physicians' Club of Chicago was held at Kinsley's, November 28, 1898, with Dr. John Milton Dodson in the chair. The subject for discussion was "Sexual Hygiene."

MR. A. S. TRUDE: Mr. Chairman, Ladies and Gentlemen: I came here for the purpose of listening and to be instructed. It would be absurd for me to undertake, before this body of medical gentlemen, equipped as they are with the lore of the profession, to impart any information upon a subject with which they are so familiar. I am glad, however, to be here tonight, because as I look around I see many familiar faces. Some of you I have encountered in your offices; some of you have treated me and my family, and others I have met at the bar of our profession; so that there seems to be an invisible pontoon bridge between your profession and the one represented by myself, as well as the profession of the gentlemen at the end of the table. We ought to cooperate more than we do, but let me say that the ranks of the legal profession are united with you. You save our lives; you protect the lives of our families, and we, as lawyers, protect your reputations in court, and decline to be allies to blackmailers.

The subject before us tonight is fraught with interest, all the more so because it is one to approach so delicately. This subject brought me here because there were elements in it upon which you can impart light. There has been some information suggested by the remarks of one distinguished gentleman who is within the range of my business that somewhat bewildered me. I refer to Dr. Zeisler. I was wondering what he meant when he stated that he possessed the magic ability to impart tropical heat to matrimonial re-

frigerators. (Laughter.) I am going to his office with all the celerity which speed can give me, or the elevator service, because he may have done much towards solving the perplexing question which has agitated me for many, many months.

The remark made by our presiding officer tonight is true, and it helps me out somewhat in the few remarks I will make to you. The desire for illicit relations is such that it has a greater impelling power in its relation to crime than drink. The desire to drink, as a rule, is an appetite, and very little more. In the surging of the strongest of human passions, the desire to copulate with the object of the individual's adoration has such an impelling power that a man does not hesitate at the commission of any crime, felony or misdemeanor. This passion yields a tremendous influence, so much so that it made our old friend Mark Antony, as he walked through the streets of Rome, an object, an individual pointed at. As cold as an iceberg, the man who repelled the advances of the beauties of his own court, his own environment at imperial Rome, met his fate when, with his nine legions, he came within the range of the lustrous eyes of the woman who dwelt for a time upon the bridge of that vessel going down the Nile, when Mark Antony dropped his sword and bade his legions to go home, so that he could take a ride with that girl (Cleopatra) down the river. Napoleon allowed his soldiers to rest upon their arms when he fell a victim to the beauties of the Countess Walewsky.

In the criminal court, in days gone by, I have defended many men charged with murder, not so much in Cook county as in Kentucky, who were prompted to commit crimes because of their desire for a woman. In some cases she was the wife of another man. But the desire to sustain sexual relations with that woman would prompt such a man to quarrel with his foeman and slay him.

I understand there is to be some further

discussion, and with these few remarks I desire to thank my friends for their kind invitation to be present.

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We take pleasure in presenting another of this series of articles that has attracted so much attention from the profession, and as this issue will be seen by many new subscribers who are not familiar with our work, we beg the indulgence of our old subscribers to again reproduce the entire program in the order in which it has been published, showing what will be covered by the discussion yet to follow:

1. "The Effects of Genital Derangements and Malformations on Sexual Appetite." DR. C. S. BACON. (February.)
2. "The Psychical Correlation of Sexual Desire, Love and Religious Emotion." DR. GEORGE F. BUTLER. (March.)
3. "The Sexual Act. Frauds in the Conjugal Embrace." DR. ZEISLER. (April.)
4. "The Results of Sexual Excess or Continence. Sexual Misinformation and Quack Literature." DR. W. T. BELFIELD. (May.)
5. "The Effect of Coitus During Pregnancy and Lactation." DR. A. C. COTTON. (June.)
6. "Sex Problem in Education." REV. PAUL CARUS. (July.)
Editor of "The Open Court."
7. "Legal Aspects." A. S. TRUDE, ESQ. (August.)

Next month, and following if necessary, we shall publish notes and abstracts from the general discussion after the program and an editorial summary; all of which, we believe, will be of helpful interest.

The discussion was participated in by the following:

Professor Wheeler, University of Chicago; Professor Rachel Hickey Carr, Woman's Medical College; Dr. Frank A. Stahl, and Dr. Montgomery, of Chicago; Professor W. Rittenhouse, Illinois Medical College; Dr. Chauncey W. Courtright, Dr. Henry A. Norden and Dr. Parker, also of Chicago.

We can supply back numbers from June, and will furnish reprints of the previous articles of this series to yearly subscribers free of charge, if desired.—ED.

PRACTICAL HINTS FROM DAILY EXPERIENCE.*

By W. C. Abbott, M. D.

CRITICISM, QUERY 509, ETC.

A WESTERN physician receiving a sample copy of the CLINIC writes a friendly criticism thereon suggesting that the advice of the editors leans a little too closely to alkaloidal remedies. Well, that is the function of the CLINIC, to teach active-principle therapeutics and we keep to our knitting to the best of our ability.

W. C. ABBOTT. The doctor also says that in our reply to query 509 it would have been better if we had recommended Urotropin, but he does not tell what it is or where it can be obtained. He says in case of bacterial pus in the urine, teeming with toxins and ammonia, with tender, congested mucus surfaces etc., that nothing will do the work like Urotropin. Now if the doctor will tell us what Urotropin is, where it can be obtained and how to use it, the CLINIC will appreciate the information.

The writer further states that he is becoming more and more interested in alkaliometry and expects soon to be with us. We hope he will for he is evidently a good man with a good mind and that's the kind we want.

TAPEWORM.

A subscriber asks: "What shall I do for a little boy with a tapeworm? He has taken several doses with unsatisfactory results and now objects to taking more."

A mistake is often made in the treatment of tapeworm in proportioning the dose to the patient when it should be proportioned to the parasite to be expelled. A child of three or four should take half at least of

* These notes will continue at intervals during the year as a "filler" to this department. I hope they will serve their purpose, and at the same time be interesting and instructive.



an adult dose and possibly may require more. With this fact in mind little difficulty will be experienced in dislodging the worm.

Koussein in doses of one to two grains, followed by an active cathartic, is recommended; but as to the cathartic, usually castor oil, must be given any way. It is as well to combine with it standard remedies and have it all over at once. My best success has been obtained by the use of the ethereal extract of male fern combined with chloroform and castor oil, but the male fern must be first class or no beneficial results will be obtained.

A GOOD OPENING FOR A DOCTOR.

A subscriber in the course of a personal letter says that on account of age and poor health he must give up his practice and that it is a first-class point for a doctor who uses the alkaloids. He has a small property that he would like to sell and will introduce a purchaser. Particulars may be learned by writing "Post Office Box 75, Cayuga, Indiana." If any of our readers are interested they should write the doctor, addressing as above.

AFTER-PAINS.

While belonging to a special time and condition the fact must not be lost sight of that after-pains are spasmodic and usually of congestive origin. Without attempting to discuss causation I would merely say that glonoin is often more efficient in relieving them than opiates. Amyl nitrite is also recommended and no doubt may be confidently used upon the same basis as glonoin. It has practically the same physiological effect but glonoin is so much handier and easier to carry and dispense that it should have the preference.

ATROPINE FOR DIARRHEA.

A recent personal letter to your editor by a new subscriber from Georgia, contains the following:

"I have just had an interesting experience with belladonna in treating a case of colliquative diarrhea. I gave quarter-grain doses of Squibb's solid extract in pill form every hour. Four doses made a decided impression; diarrhea was reduced; next day it stopped. Face got red and puffy, pupils widely dilated, mouth and throat very dry. This medicine is a great remedy in all excessive mucous secretion, stops it to a certainty, and is a vaso-motor stimulant."

Our old subscribers will recall that the attention of CLINIC readers has been drawn to this action of the belladonna series many times during the existence of the CLINIC. The reason for this result is rational. Dilatation of the capillaries relieves internal congestions, and the pathological discharge, nature's effort to remove the congestion by the shortest route, is immediately arrested thereby. This applies as well to congestive hemorrhages as congestive diarrheas, and is worth your attention.

It is seldom necessary to go to the extent that the doctor did, and this is easily avoided by applying the principles of alkalometry in the giving of the remedy—use a minimum dose of definite strength, repeat frequently, and stop when the desired result is produced.

TO CORRECT AN ERROR.

In last issue I attempted to say a good word for Allen's Foot Ease, but the make-up-man left out a line and spoiled it all. It should have closed thus: "And the fact that I don't know what is in it doesn't make it any the less agreeable to use. When you have a case that doesn't yield to 'orthodox' methods don't forget this," but instead of this it read: "And the fact that I don't know what is in it doesn't yield to 'orthodox,' methods," and this is no sense at all. Small words make big holes in sense when they are left out.

Ravenswood Station, Chicago.



MISCELLANEOUS DEPARTMENT

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home." Make your reports brief, but do not sacrifice clearness to brevity. Say all that it is necessary to say to make your meaning plain and convey your ideas to others. We especially urge you to use the space set aside for "Condensed Queries" freely, and avoid burdening your Editors with private correspondence.

MATERNAL IMPRESSIONS.

We have now on hand enough papers upon the subject of Maternal Impressions to fill an entire number of the CLINIC. We have already published a number, some for and others against the theory, and there is scarcely a mail that does not bring additions to our stock. It is evident that the subject is of unusual interest to our readers, and we would gladly give place to the whole of the papers; but this is a journal of modern therapeutics, and the subject of maternal impressions is hardly to be included in that category. We have, therefore, determined to present herewith a digest of the more important papers sent us, and with this to call a halt on the discussion. And we do this the more willingly because we do not see wherein there can be much profit accruing. Suppose any number of remarkable instances are cited, the question remains open whether they are consequences or merely sequences. The theory seems to us unprovable. No more can it be disproved. Hence, at the last, it remains a matter of opinion, a drawn battle, judged by the laws of evidence.

Dr. Weathers tells us of a woman who was struck on the back by an egg, while pregnant. The child had a mark on his back similar to the splash made by a broken egg. Another child was born with a red mark on the upper lip, attributed by the mother to her seeing a child with epistaxis. A third case was that of a boy who

inherited kleptomania from his mother. A butcher's wife helped her husband slaughter animals while she was pregnant. Her boy, at twelve, endeavored to kill his playmates with a hatchet. "The criminal and his children should be emasculated."

The third case is simply one of heredity, which nobody denies; and the fourth is probably of the same sort, rather than of impression.

Dr. Capps, of Tennessee, born during the war, combats Dr. Collins' idea that such men are more apt to be the leaders of mobs. Nor are the mothers in this way responsible for the conditions inciting to such violence. The peculiar social conditions of the south, and not maternal impressions, are responsible. The Northern man would resent the same wrong as vengefully as his Southern brother. The editor fully agrees with this statement.

Dr. W. F. Holsteen, of Illinois, thinks we were too severe upon Dr. Reeves.

[Maybe so; but when a man undertakes to write for 20,000 doctors, he ought not to take up their time, or the editor's, unless he knows something about his subject.] In Dr. Kendall's case they only decided that the child looked more like a lizard than like an owl because the mother had not seen any owls. What if the mother had seen no lizard? They might have found a resemblance to the cook-stove! Some people have a faculty of seeing things about as they wish them. The "maternal impression" all admit is heredity, proven, not controlled by the

mother. She has not been able to control the sex of her child, the subject of more thought than all the strawberries and lizards on earth. In nine months a woman will experience such an infinite number and variety of emotions, will see such a vast multitude of things and happenings, that she can go back into memory's recesses and easily recall what may be made to account for any conceivable mark on her child. Take one lone day of your life. How many situations, happenings, articles and beings have been brought to your consciousness. He agrees with Dr. Capps as to Dr. Collins' theory.

"Faith, fanatic faith,
Once wedded fast
To some dear falsehood,
Hugs it to the last."

So those who choose to may go on hugging maternal impressions. "I'd rather hug the *mater*."

Dr. J. W. Straughan, of Indiana, takes the ground that the cause of maternal impressions is to be found in the psychologic force. He, like Dr. Holsteen, combats the editor's assertion that causes must act uniformly. This can only be expected when all the circumstances are uniform, which the editor admits.

Dr. Neel, of Kansas, agrees with Dr. Collins. He describes a child born with deficiency of the occipital tissues, resembling a frog. He told the relatives the mother must, in early pregnancy, have seen a frog killed, and the parents verified this statement. A dentist, in his wife's early pregnancy, extracted her molar; the child had "a perfect molar in the temporal fossa."

Dr. Shaw, of Michigan, does not think Dr. Powell's illustration of the mulatto baby applies, since heredity accounts for such characteristics; while mother-marks are not transmissible, resembling in this mutilations. A man has some resemblance in his face to a turkey-gobbler's, when swollen, attributed to a maternal impression, but his children do not inherit the

deformity. "It ma; be' a lie." [By no means. The story is probably true; and yet the mother be mistaken as to the accident causing the deformity.] A vascular nævus, developing from a slight mark eighteen months after birth, was attributed to the pregnant wife discovering a scar on her husband's face in the same situation.

Dr. Schlathoelter, of Missouri, claims for suggestive influences the power of exercising on the fetus such a force as may modify its nutrition. [We cannot gainsay this; and the nearer our friends come to the influence of heredity, the more we are disposed to agree with them; but when it comes to saddling an innocent mother with lifelong grief, under the plea that some perfectly innocent act has caused the mutilation of her child, we must rank ourselves against it.]

Dr. Lee, of Mississippi, asks where the proof is to be obtained. Temperaments differ, and so one is affected while others are not. Anger sometimes poisons a mother's milk. Can it be explained? Dr. Powell is off as to mules and mulattos, but very close to the truth in attributing freaks to arrest of development.

Dr. Mumford, of Louisiana, says that there is no doubt but that the child is influenced by the state of the parents during coition, such as the father's alcoholism; but the question here is as to the mother's mental state affecting the child, and at what period of pregnancy. While we cannot heed every idle tale of marks, etc., many instances go to prove that the mother's mental state has a great influence in forming the character of the child, and that even deformities may result from maternal impressions. A girl had "tits" below the jaw, attributed to a fright by a sheep-goat. A man had his hand amputated, his wife being in the first month of pregnancy. The child was born with one hand missing. "Was this a freak or maternal impression, or did the child inherit the deformity?"

Dr. Lanphear, of Massachusetts, thinks the lady was right, in that it is the fret and worry, not satisfying desire, that does mischief. He draws several arguments from the Bible to prove the maternal impression theory. [We presume that these are familiar to all our readers, some of whom may be inclined to rely on the words of Holy Writ to prove scientific theories, while others may aver that by this means the Scripture may be brought into disrepute, as equally conclusive arguments in proof of witchcraft and against the roundness of the earth, the motions of the celestial bodies, etc., have been drawn from the same source. With common consent, we will therefore, leave this line of argument to the individual reader.] Dr. Lanphear states that a lady, seven months pregnant, stepped on a snake, which lay around her ankle and across her foot. The child born two months later showed a discoloration in a corresponding location. He further quotes the reverse influence of the fetus on the mother, causing morning-sickness, longings, etc., and this knocks out the statement of the editor as to uniformity of the cause. Women experience different sensations in successive pregnancies, especially if the sex of the child is different. A lady experienced a peculiar sickening sensation on ejaculation of the semen at fruitful intercourse, bearing girls. She refused to believe herself pregnant because this sensation was absent, but this was a boy. Why? Thus, the presence of the fetus, being the cause of the mother's unstable nervous state, is the true cause of the "fruitful" impressions. To Dr. Powell's inquiry, why the sight of handsome people does not influence beauty in the child, Dr. Lanphear replies that it does; though the suddenness of a shock or fright renders it more likely to have a marking effect. As an instance of paternal impressions he mentions the fact of a mare, once put to a jack, her progeny by stallions thereafter will show traits of the

mule. So, also, the child of a second husband may resemble the first husband. Men cohabiting with negro women may reverse this. [?] A breeder claimed to have produced black foals in pure bred horses, not black, by violently agitating some black object in the water-trough till the pregnant mare was frightened.

W. S. Cline, of Virginia, says: "A nervous lady, in her seventh month, stepped over a large moccasin snake, which fastened its fangs in her skirt. Of course she was very much frightened. When the child was born there was as perfect a snake over its abdomen as you ever saw."

J. C. Wade says: "I have practised medicine over thirty years, and given close attention to maternal impressions. I don't doubt that children are often marked and deformed by the longing desire for particular objects, or by frights that have deeply impressed the thoughts of the mother. I could fill pages of the CLINIC with illustrations like the following:

A mother, during gestation, was at the milk-yard, when one of the cows attempted to jump over the bars and hung on the top, which so frightened the mother that she wrung her hands, screamed and fainted. Result: Child born at term with both hands and feet split, with a horny substance on each prong resembling a hoof.

Now for cause: Certainly we believe there are no nerves in the cord, but how about the mind, the living, thinking part of the mother, as a substantial entity of her dual organism, acting on the vital, mental and corporeal organism of the embryo?"

F. A. Becker says: "I have been a reader of the CLINIC for years, because it is the true and ever-improving successor to the grand old man, Burggraeve, in his *Reperatoire de Therapeutique*. I note the agitation on Maternal Impressions. There are two remarkable dicta, the one of the editor,

page 783, Dec. '98, for its cool-headed sense; and that of the good, sensible woman on page 117, Feb. '99, for the real womanlike, honest observations. My thanks to both. Nerves will never be found in the navel-string, because they were not judged necessary by the Creator. Looking at the subject without bias but with common sense, methinks, we find in Leviticus 17:14, "The life is in the blood." Until disproved we may take this as fact. We know that the sperma (zooe) is so to say an alkaloid of the blood; and further that the sperma is a real living being. It will generate a real living something, after the very fashion and form of him who caused the sperma to come into contact with the female ovisculum, taking it as its first building material. We get over many self-created difficulties by the use of common sense, as the great Virchow said in his London oration recently. An electric fluid is Nature's basis of blood life, as well as a necessity of the life of plants; also the fundamental laws of cohesion, adhesion, sympathy and antipathy. Blood being the life-giver, only healthy blood can create healthy sperma; bad blood inherits the sins of the fathers. There is a quick change of the blood on motion or fright, the blood rushing to the head, the heart or the extremities. Such sudden changes or long cravings will influence the formation or even the habits of the growing fetus. Many persons have died from fright alone. In 1845 I saw a man without hands or feet. The burgomaster stated that the man's mother, while cutting fodder, cut off the four legs of a young hare, the animal falling on its back so that she saw the mutilated limbs. The child was born without hands or feet.

A young mother opened a sack of flour, when out jumped a mouse into her face. Her baby was born with half a mouse on the cheek, with the hair upon it.

All is in the blood, nobility as well as meanness."

We do not care to make any further comment. Those who see in the statements of the upholders of this theory enough to win their belief, will grant it; while those to whom the whole of the argument adduced has too flimsy a basis to induce conviction, will accord to the theory that degree of probability it seems to merit. The study of teratology has shown many of the alleged cases to be simply instances of arrested development, of whose causes we are no less ignorant, however. It is significant, nevertheless, that no instance has yet been recorded where a deformity has been predicted previous to birth and verified. Not that that would be conclusive, but it does seem strange that no such case has been elicited in the numerous communications made.—ED.

YOUNG IN THE ART.

Editor Alkaloidal Clinic:—Your "Premium Case" received, also a package of literature, and the CLINIC for March. I think I asked that my subscription date from the December number, 1898, of which you sent me a copy. Please so consider it, and send me January and February without fail. To say that I am pleased with the "case" and the journal faintly expresses my feelings. I am sixty years of age, have been in active practice for forty years, and for the last twenty years have become very conservative in giving medicine, and have lately asked myself many times whether my patients recovered from the effects of the treatment or in spite of it.

But now with the alkaloids, and a new therapeutics, life opens anew before me and I wish that I were young again. You are doing a famous work, gentlemen; you are turning the practice of medicine completely upside down, and eventually it will be a science exact and beautiful.

O. W. H., M. D.
_____, Utah.

ETIOLOGY AND CURE OF EPILEPSY.

Editor Alkaloidal Clinic:—When fifteen years of age I had a dreadful scare. A robust looking man stood on his head and heels—emprosthotonus.



I said to my brother, who was then in the active practice of medicine, "if there is any remedy for this dreadful disease do hunt it up." I have had "epilepsy on the brain"

J. M. EVANS. ever since, though I never had a fit. And from the time I entered the medical school I have studied the causes and cure of epilepsy.

My observation and experience have confirmed the conclusions of Dr. Brewer, that indigestion is the principal cause of a very large per cent. As my practice has been confined to a village of 500 and the surrounding district, my work has been more largely preventive than curative. A few cases will illustrate.

Case 1. A boy aged four years, in active spasms. I gave him fifteen grains of calomel. Next morning I found him on his knees at the cupboard, stripping the meat from a dish of spare-ribs. I said to the parents, "Here is the cause of your boy's fits. Stop this pork-eating and piecing, and give him his regular meals three times a day". The father replied, "Well, sonny must have what he wants to eat." This is a case I did not cure. Twenty years after this the gray-headed father went down in sorrow to his grave, under the care of a demented epileptic maniac. The young man attempted to shoot his sister, and failing, shot himself in the temple, the ball glanced and he is to-day in the Gallipolis, O., Hospital for Epilepsy.

Case 2. A boy three years old, in an active spasm. He had eaten no supper, but a fourth of a pie before he retired. I demanded the "piecing" to be stopped. He was living exclusively on "pieces", and

had no regular meals. By strict obedience to these rules the boy was cured.

Case 3. A girl of two summers had fits three or four times a week; had taken an indefinite amount of bromides to no good effect.

I said, "Madam, on what do you feed this child?" She said, Doctor, it never eats anything at the table, but pieces all day." Advice: "Madam, just reverse this, give no more medicine but a round meal three times a day, and never give another 'piece,' another sweet-cake, or "another stick of candy, unless it eats them at meal-time". Reply: "Oh, doctor, I cannot see this child cry for a piece". "Then, madam, stand by these many years and see your child become a demented epileptic".

She obeyed my request as to diet. Two months after this I met the mother, and said to her, "How are you getting on, starving that child?" "Oh", Doctor, "said she," it has never had a piece since you and I had that talk. Neither has it had another fit."

The above will suffice for this class of fits; and this irregular, careless, indifferent feeding of children is the cause of at least eight-tenths of all cases of epilepsy.

I rarely give more than one-half a grain of calomel, often repeated, but for these spasms caused by indigestion Dr. Brodnax is right with his big doses of calomel. Ten to thirty grains, according to the age, and the severity of the case, has been my remedy for forty years. Get it inside of the teeth. Don't bother about the swallowing. You can usually with safety say, "The child will have no more fits to-night". No other remedy that I have found will do this work so effectually. Give sparingly of the bromides.

There is another class of epileptics, induced by the nervous derangement from masturbation, which I will illustrate by two cases.

Case 4. A nervous child of two sum-

mers, having spasms every two or three days. After examining the child I said, "Mrs. A., I want to see this child take one of its fits. Bring it to my office one of these days and stay until it has a spasm". On the second day the child fell back on its back in spasms, with both hands vigorously rubbing its privates. I said, "Here Mrs. A., is the cause of your child's fits". She said, "How in the world did this ever come about?" "My dear woman, you have had a meddlesome nurse. This has been a cross babe, and the nurse has learned that rubbing its privates quieted the child". With uplifted hand and a flood of tears she exclaimed, "I am the meddlesome nurse"!

Case 5. Miss R., aged ten years, of high culture and respectable parentage, had been treated by able physicians of the south, and failing to relieve her she was fast drifting into permanent epilepsy. As a last resort the physicians had recommended traveling in a northern climate, on which errand a wealthy aunt dropped in on me for a week. While she stayed I simply watched the child, and the morning she left; said to her, "Mrs. R., I think that child can be cured of that nervousness." She gave me a look of astonishment, but said not a word; but at the very next telegraph office she telegraphed to the child's mother in the south what I had said, and got in return an immediate reply saying, "Go back to Dr. Evans, and if he has any remedy for that child have him treat her, at any cost," She came, stayed a week, and then consulted me as to whether it was necessary for her to stay for further treatment. I said no, we could treat the case just as well at home.

On the morning of her departure I opened the whole case to her for the first time. "This trouble is produced by masturbation." The cultured lady held up her hands in horror. It could not be possible, she said. "Now, my dear madam, I am so fully confident that this is the whole cause of the trouble that I want you to watch the

child closely, and sleep with her until you know for yourself, and then report to me." In a few days a letter from her told the whole sad story. "Oh, Doctor, it is all true". It required a most strict guarding, a tight waist that bound her hands above the umbilicus at night, frequent topical cold bathing and protracted use of nerve-tonics (no bromides) to cure the case.

This young lady, who but for this providential visit to me would have been a poor degraded epileptic, is to-day an educated lady of high position. I think at least one-tenth of our epileptics are of this class.

There is another class of epileptics, largely caused by injury to the brain or spinal column, or from a tumor or effusion. These cases are largely surgical.

Dr. Brewer's statement, that no treatment can be outlined for all cases of epilepsy, is true; but as a large percentage of all cases are caused by indigestion, the thing to do is to restore the digestive system to its normal condition; and in all chronic cases the nervous system should receive special attention. The customary and long-continued use of the bromides should be discouraged by physicians. I have witnessed their use in very many cases, but they do not cure, but tend to increase dementia and epileptic insanity. We have doubtless in our forty-nine years' practice saved very many children from a life of epilepsy by careful counsel in regard to proper diet, and regularity of feeding.

J. M. EVANS, M. D.

Clarksburg, O.

—:o:—

Dr. Evans describes very clearly the part of the elephant he has felt, but there are others. He is quite right as to the necessity of treating these cases early, before the spasms have become habitual. The family doctor and not the city specialist, is the one who should know all about this disease, its causes and treatment. If more took the trouble to study it as Dr. Evans has done there would be fewer epileptics.—ED.

RENAL CALCULI.

Editor Alkaloidal Clinic:—Henry B., aged 49, requested treatment. Eight years ago this patient came to me. He had been cohabiting with a woman afflicted with leucorrhea, his wife being afflicted that way.



F. M. HILL.

He had been told that he had syphilis. I assured him it was a mistake. Subsequently he separated from his wife, however. Fourteen months ago he was operated on for piles, and had partially recovered from the operation when he was taken sick and sent to St. Joseph's Hospital, Omaha, Neb. While there, and dazed and crazed with pain, they put him on the operating table and went for his gall cyst with a bistoury. They found no biliary calculi.

Then they questioned him about syphilis, the patient told the above story, and the entire outfit, house surgeon, consulting surgeon, laparotomist and matron, concurred in that diagnosis "syphilis, of course".

It's an acknowledged fact, a fad of the present day, especially at some of the metropolitan medical centers, when they fail in a diagnosis, either by medical treatment or by exploratory incision to discover the cause, they look wise, lay back their professional ears, and exclaim "*syphilitic diathesis*".

Now if those incandescent medical luminaries had examined the urine they might have been more successful in arriving at a correct conclusion. They would in all probability have found it heavily impregnated with phosphatic matter with a uric acid nucleus. At least that was what my uranalysis confirmed, four weeks after he left the hospital.

The symptoms in the case misled them in their diagnosis. The anatomical re-

lation of the right kidney to the liver and duodenum is such in some subjects (probably in this case) that the pain, caused by a calculous accumulation in the pelvis of the right kidney before it started down the ureter, induced them to suspect a similar concretion in the gall cyst, or in the *ductus communis choledochus*; and the alvine discharges being pale and pasty, of course assisted in confirming their delusion. After they failed to find any biliary calculi they retained him until the incision was healed, and he came home to his friends to die in peace.

A young doctor then took the case, and through correspondence with the house surgeon, who informed him there were no "gall stones", he of course concluded it was "old Rall", and went at him with antisyphilitic remedies and galvanism. He endured the treatment for about three weeks, and quit.

June 30, the patient came to me, and acknowledged that he was "dead enough" to have me treat him. I informed him that it would take time, and that I would not treat him for syphilis unless I found that he was afflicted with that malady.

I now proceeded to find out what was the matter with his aggregate ensemble. Weight 115, 5 ft. 7 in. high, aged 49, tongue slightly coated, sclerotic clear as milk, features shrunken, pulse 55, temp. 96°, weak and emaciated, bowels constipated, passages hard and light-colored, sometimes two or three days apart and then enormous doses of physic were necessary to move them, flatulent, after each meager meal his stomach felt as though it was stuffed, skin dry, constriction in the epigastrium, tender in and around the cicatrix of the incision, deep seated pain back of the place where they cut in, and sometimes down in front, when free from that peculiar pain he felt "dead from that place down that side". Peristalsis was badly deranged.

July 6, I proceeded to clean the patient out, Waugh's Anticonstipations, two every

two hours, from 4 a. m. til 9 p. m., and then a heavy dose of Rochelle salts. At 4 a. m. the bowels moved, with large hunks of tenesmus, wind, water, scybala and all other concomitant phenomena incident. After this I prescribed strychnine arsenate, one tablet every four hours when awake; also continued the Anticonstipations, one every two hours, and salts as before; at bedtime 4 tablets of codeine to induce rest. The bowel contents must be kept soluble in order to prevent and fore-stall auto-infection. I also now commenced Lithiated Hydrangea, at 5 a. m., mid-forenoon, mid-afternoon, and bedtime, with codeine tablets if necessary to induce rest at night.

July 29, I had to change treatment somewhat, the aloin in Waugh's "implements of precision" seemed to aggravate the piles, and I substituted other agents more bland in their action, in their affinity for the lower bowel. The strychnine arsenate had by this time improved peristalsis so that with the use of injections the passages were kept quite plastic and regular. At the above date I commenced with Aulde's nuclein four granules with strychnine arsenate, and these were persisted in for over two months. The piles were also troublesome, and I made a salve of vaseline, one ounce; morphine sulphate, ten grains; acid tannic, twenty grains; kernels of the nut of *æsculus glabra*, all he could work into the salve; applied to the anus and worked in after each passage and on retiring at night.

In the meantime his digestive capacity was not equivalent to his ingestion of food, and I prepared a stomachic tonic of tincture of ferric chloride, half an ounce; liquid acid phosphoric, three ounces; saccharated pepsin, one and one-half ounces; syrup to make twelve ounces; a tablespoonful in sweetened water during or after meals.

Summary: This patient never had syphilis. First, to my certain knowledge he

had the piles; as I had given him treatment for that affliction from time to time. For this he was operated on, and had nearly recovered when he was prostrated with renal calculi. The patient is now alive, but it took me quite a long time to build him up. When he commenced treatment he weighed 115 lbs., he now weighs 151 lbs., feels well, can walk two or three miles, and it does not tire him much. I will probably have to operate on his piles, for they will return if he attempts to work hard or to lift. He is a farm laborer, and intends this coming summer to make half a hand.

F. M. HILL, M. D.

Persia, Iowa.

VOMITING OF PREGNANCY.

Editor Alkaloidal Clinic:—Perhaps some of your readers would be interested in a little accidental discovery of mine. I was recently called to a case of vomiting in pregnancy in which I had previously prescribed the most reliable remedies named for that trouble, without good results. I looked over my case and found that I had nothing new to offer. I was in a hurry and wanted to do something, so dealt out a few Waugh's Anodyne for Infants, with directions to take one every ten minutes and let me know the result. The report came a few days later that the nausea stopped after a few doses and had not returned. Of course I hoped something from the sedative action, but did not anticipate such a positive result.

F. C. G., M. D.

_____, Vt.

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This is another illustration of the greater benefit to be derived from small non-irritating doses. The orthodox treatment for vomiting of pregnancy often does more harm than good. We trust that the writer's experience will be that of many others who may profit by it.—ED.

THE ALETHIAN VIEW.

Editor Alkaloidal Clinic:—I am not an M.D., but am interested in whatever tends to elevate mankind, morally, socially and physically. And where can knowledge be more effectively applied, than with the teachers and practitioners of hygienic laws? The only successful hygiene must accord with purest morals and perfect righteousness. For health is the result of soundness and harmony in all departments of the mental and physical constitution. And harmony results from obedience to the laws of harmony, and order. I see by the CLINIC that "the vast body of the profession needs and wants information upon sexual hygiene." The need is undeniable, and now that the want is felt, if the supply exceeds the demand, it can breed no loss, since it is antiseptic in quality, and none is obliged to take more than his special need requires. "If the counsel be good, no matter who gave it." Dr. Belfield, in May CLINIC, says: "Sexual excess is a relative term. It is absolutely impossible to say what is normal for a male in that line." Why is this so, if not because the primary object of sexual congress, and the only object justifiable by the law of the Creator, the production of offspring, is excluded from view? There is an order of times and seasons in Nature, but man, in his sexual relations, sets all laws at defiance. The esteemed Editor of the CLINIC declares as much, in his criticism of Dr. Brooks, page 102. Brethren of the medical fraternity, is it not supremely rational to return to the law of use for propagation only, and to aim at the suppression of all lawless desires that have no regard for reason, and no possible justification in morals or religion? Nothing shall be indulged for pleasure which would be corrupting to the mind of an innocent child. However secret an act may be it stamps the character, and cannot otherwise than affect the offspring for good or for ill, according to the nature of the act.

No other element of the human constitution is so penetrating, affecting every nerve and fiber of the body—so persistent, thrusting itself in where it is not wanted—so overpowering and weakening to the will when submitted to, so universal, deceiving, alluring, enticing, and disappointing in its results, so enslaving, so debasing to character and destructive to the individuality and all manly and womanly aspiration, hope and resolution, as this sexual nature, which all they that dwell upon the earth wonder after and worship, whose names are not written in the book of the Lamb, which was slain from the foundation of the world, even from natural generation.

It has ever seemed to my reason a dreadful mistake of the world's physicians, that a man must be somehow relieved of his seed in order to be healthy. If there be any such necessity, it cannot come from the law of Nature lived up to, but of perversion and excess for generations many. All sexual indulgence, except for offspring, under conditions of circumstance and parties which make it right for offspring to result, is excess—is abuse of the generative function—is perversion of faculty, of the nature of whoredom, whether in or out of wedlock, and tends to disorder and disease of soul and body. A sin denounced by all Divinely inspired teachers of righteousness.

It is known that the seed of man is the most vital essence of health, life and motion. It is the very finest product of blood, brain and nerves. A. J. Davis, the world-renowned clairvoyant seer, says: "The brain is the fountain whence flow the most highly vitalized essences, by which alone reproduction is possible. Of either sex, the same is absolutely true. It is absolutely impossible for the human brain to produce another brain, without contributing particles and essence of itself to the generative work. These particles and essences of the living brain are living bodies

called spermatozoa, contained in cells inconceivably minute and sensitive. They are the finest, best, most vital, absolutely essential parts of the brain. The vital essence of the most important organ, the brain, is taxed to begin the constitution of another individual. The impulse of propagation is the most intense of all vital and mental emotions, and its exercise involves every power, every sentiment, every part and principle of body and mind. Every zoosperm generated and dispatched by the brain, is an absolute loss sustained at the center of soul and intellect. Muscular exercises, physical employments, and intellectual activities, use up the spermatozoa in the brain and nervous system.

"Hence all excesses or inversionism of the generative functions, are always a drain upon the brain, and also upon the most highly spiritualized elements of the blood, all of which is certain to entail nervous irritation, feebleness of the muscular system, loss of memory, disorders of the imagination, monomanias, emaciation, depression, diseases of mind and body, and drivelling insanity. These facts, well known to physiologists, but not known by the multitude of parents who have the responsibility of rearing human offspring," furnish valid reasons why all human beings should be educated (or instructed) to practise strictest continence, except when offspring are desired.

The immense waste of vital essence and mental energy through this conscienceless drain of life's finest elixir, is fearful to behold, particularly when we consider its utterly immoral, depleting and fatal consequences. It enslaves the will to base desires, weakens the blood, makes poor sperm, robs offspring of the consideration due them, endows them with feeble constitutions, and with sickly diseased and often deformed bodies, because the elements of life and vigor have been thrown away in selfish, sinful gratifications.

The author, A. J. D., above quoted, says:

"All reproductive diseases are caused originally by excessive and unrestrained indulgence of the animal inclinations." (Harbinger of Health, page 410.)

Silas Hubbard, M. D., of Hudson, Ill., in *Medical Summary*, of June 9, 1889, says: "As a matter of science of considerable importance, that was never before published, I would say that a majority of women, before they are 40 years of age, have acquired irritation or disease of some of the genito-urinary organs, or retroversion or retroflexion of the uterus, by excessive sexual intercourse."

Dr. William Acton, an acknowledged authority upon sexual physiology says: "It is a generally received impression that semen, after having been secreted, can be reabsorbed into the circulation, giving buoyancy to the feelings, and the manly vigor which characterizes the male," and adds: "In fact, who is ignorant that the semen, reabsorbed into the animal economy, when it is not emitted, augments in an astonishing degree the corporeal and mental forces?" (*Reproductive Organs*, 6th edition, page 126.)

Acton quotes with concurrence, the following from Prof. Newman: "Every organ likely to be overcharged in youthful or vigorous natures has power to relieve itself, and this is on the face of it God's provision that the unmarried man shall not be harmed by perfect chastity."

Is not the fact testified to by Dr. Hubbard, God's protest against all sexual indulgence not having offspring for its object? The first law of sex relation is use for production only. Anything beyond or aside from this is excess or perversion, and is followed by penalty more or less severe in proportion to transgression. Is not the brain at the positive pole of the human organism, and the seat of will, reason, judgment, the highest and noblest function of intelligence? Then why such unreasonable and abject submission to the attraction of the negative pole, and the commis-

sion of acts in secret, that he is ashamed to acknowledge before his more upright fellow, whose very nobility is a reproof to such action? The shame that one feels in exposing those works of self indulgence, is the protest of his higher and more God-like nature, against them.

When men abandon all lawless indulgence of the sexual nature within them, they become exalted in virtue, and produce a nobler type of offspring, possessing greater powers of intellect and of self-control, and exhibiting more of the image and likeness of the Holy Creator, and those who persist in abusing themselves and the gifts of the Creator by perversion and excess will be exposed in the judgment or perish. For God will bring every work into judgment, with every secret thing whether it be good or whether it be evil. And there is nothing covered (by hypocrisy) that shall not be uncovered, neither hid, that shall not be known and come abroad, says the Divine Teacher (Luke XII, 1 to 3). Then he whose secret and open works are not condemned by the light which discloses their real character, will have honor in presence of his fellows.

I am not supposing you will choose to publish the inclosed communication in the CLINIC. I felt soon after I began, that I could not free my mind without writing too lengthily for that. If you can afford time to read it through, it may afford some ideas that will be of use to you sometime. As for me, I am one of the continents. I have lived upwards of 60 years with Alethian Believers, commonly called Shakers—in daily intercourse with the Sisterhood, and sometimes with women of the world, and I never knew a woman carnally nor do I wish to, nor do I ever masturbate. I have labored to live a pure and clean life, after the pattern of Jesus, and am satisfied with the result, so far. I am happy from my exemption from the annoyances of inherited sex-tendencies, in my youth and

early manhood. I have been surrounded by others, whom I have every reason to believe were living continent lives, like myself—and have never learned of any disease or inconvenience arising from the practice of chastity. We deem it a glorious emancipation from the power, authority and dominion of the sex nature, which all mankind are born under, and which is insatiable in its demands, beguiling with promises it never fulfills, leaving permanent stings in the heart that consents to the momentary pleasure it gives for bait.

My teaching, and also reason, experience and observation, cause me to believe that all must subdue that nature, or be subdued by it. And not until it is subdued, can any soul find perfect rest from the conflict between the good and the evil within, and be at rest on every side.

Some people imagine a Shaker Society to be a fit refuge for the worn-out remnants who have spent their best days in service of the world—or for the disappointed and unsuccessful—and those who wish to shirk the burdens of life. But they are greatly mistaken. It requires the very best material of which to make Shakerism a success. The most honest, morally upright, conscientious and enlightened in mind and firm in purpose. Lazy louts are driftwood and not able to make success out of any undertaking.

Fraternally yours, for the law proceeding from the first cause and for works not to be repented of.

H.

Mt. Lebanon, N. Y.

—:o:—

I have read this paper with profound interest. It presents the case of the writer, a man of undoubted veracity, as clearly as words can convey an idea. He presents a view that has at least the merit of venerable antiquity, as will be recognized by the student of church history. At the time Christianity arose the Gnostics be-

came prominent. Their tenets included the condemnation of all earthly pleasure, the "illuminate" keeping his eyes fixed on his future home, the world being the work of the devil and essentially bad. (I abridge and condense for brevity, Ildabaoth only relatively answering to the word "devil"). Every human being had in him an emanation from the Godhead, and it was his duty to preserve it undiminished and return it as speedily as possible to the God from whom it sprang. This system was overcome by Christianity, but it penetrated the body of its adversary and poisoned the fount of its life. To this day its principles are believed by many to be Christian, as shown in the letter before us.

The effects were to drive every man and woman capable of self-denial and lofty ideals into the desert hermitages, shutting off from the world at large the benefit of daily intercourse with them, and from posterity the inheritance of their virtues. But even so, the old Adam went with them, and many are the crimes laid at the door of those men who renounced sexuality as sinful, yet hesitated not to commit all the crimes of the Decalogue. Volumes have been written to explain the cruelty of monks. The innate perceptions of humanity revolt at the thought of the eunuch, and his callousness to human suffering does not surprise.

Our correspondent gives us an expression of belief, not an argument based upon proof, verifying the tenets he preaches. It is the world's view now that pleasure is not essentially evil, that the judicious control of a function is better than its extinction, that use within physiologic limits strengthens a function and does not exhaust it. His view, pushed to legitimate conclusions, would sanction self-castration, for if the sexual passion is evil, it is better to remove the cause at once. It would also naturally lead to suicide, for if the exercise of one function is wrong, why not of all functions? If the sexual pleasure is

sinful, why not the pleasures of the eye, the ear, the smell, the taste, the intellect?

And is this the religion of Jesus? Of that wonderful teacher whose sympathy with humanity, its needs and frailties, speaks through every word of his teachings? He sought to lead men and women to wholesome, normal living; not to make eunuchs and monks of them.—ED.

A LITTLE CHAT.

Editor Alkaloidal Clinic:—I arise to acknowledge myself a procrastinator. I have long felt it my duty to the CLINIC family, to thank them for the many good things that they have written, it seems to me, for my especial benefit, as they so often suited exactly to my wants. I too take several medical journals that are good,

W. A. LIGON.

but the CLINIC catches me! The type is good, the articles clear-cut and to the point, the object lessons drawn from photographs, the editor's criticisms at the end, and, finally, the reviews of "our father" who is ever ready to give us all such a pleasant, but general trimming up, these are all admirable features to a medical journal.

But even your watchful eye, Mr. Editor, let one slip through without a ticket. Some brother said that iodide of lime was not iodide of calcium Correct?

I like the CLINIC because when my time is out, and am too careless to renew, you have promised to withhold the journal till I come to time or make other arrangements with you.

What do I think of alkaloidal medication? I am a convert; but just a "leetle" cowardly, as every one is at having a tooth extracted. But I am coming. You cannot scare me off with your "blue wrapper," so here is your dollar and cheap at that.



I sent a copy of the CLINIC to B. G. Brown, Dalton, Ky., a former student of mine. I see a contribution from him on page 184, March number, showing that he too is a "mourner" at last. His "sensible questions" had been bothering me too.

Lest I worry you so much that you will stick this in the waste-basket, I will stick a pin here with promise to pull it up some other time if I can find it.

W. A. LIGON, M. D.

Sonora, Ky.

—:o:—

What we tried to convey was that the dark iodide of lime was not identical with the c. p. calcium iodide. Billings, Clapp & Co., should call their product iodize lime, or some other title, to prevent error.—ED.

HYDROPHOBIA.

Editor Alkaloidal Clinic:—April 24, B. L. was bitten by a rabid dog in the under lip; went at once to a mad stone, which adhered three or four times. The wound healed nicely and Mr. L. enjoyed good health until May 22, when came the premonitory symptoms, lassitude, aching, and a general malaise which increased during that and the following day. Did not rest during night, troubled by dreams, intensified by frightful spells. May 24, when he put water to his face to wash, he said it took his breath. He complained of being thirsty but could not be induced to drink. These symptoms increased until noon, when he became so excited that the offer of water caused convulsions. He passed the night very badly, and on the morning of May 25 I and Dr. P. were called.

We found the patient in almost continual convulsions, froth running from his mouth, complaining of being choked and smothered by the froth. We gave him strychnine grain 1-50, tinct. aconite m. x, every three hours, alternating, with the hypodermic syringe. At 6 p. m. the patient was able to move around. I gave him

some milk, which he seemed to relish, but objected to taking much. The fore part of the night was passed fairly well, when the convulsions became very hard. At 2 a. m., May 26, I gave chloroform by inhalation to quiet him, also morphine grain $\frac{1}{4}$, atropine grain 1-50, by needle.

The patient rested fairly well till noon, when the convulsions became so severe that he had to be held in bed. At 1 p. m. the patient was very much excited, pulse 140, temp. 101°, which had not been above normal before. Continuous spasms. Gave morphine, strychnine and glonoin to quiet and stimulate heart, and withdrew aconite.

The patient became quiet, was perfect in mind and conversed freely about his going to die that beautiful evening. The heart-rate increased gradually until you could not count it at the wrist, and he died in syncope at 8.30 p. m., May 26.

Could there have been anything done to a better advantage, by persons living 20 miles from a railroad and no chance to get antitoxin?

ALONZO GLASS, M. D.

Edgeville, Ill.

—:o:—

The patient when first bitten should have been sent at once to the Pasteur Institute in Chicago. Whether Pasteur's method is finally established or not, the utter hopelessness of hydrophobia when developed renders it criminal to lose the chance of benefit from this treatment.

When once developed, all methods of treatment have failed. Push into new ground. Don't waste time trying remedies that have been tested and found useless. Try the new. Give him full doses of pilocarpine, from which one success has been reported though of doubtful authenticity. Inject Nuclein (Aulde), ten minimis every two hours. Give calcium sulphide, a grain every half hour. Control the convulsions by hypodermics of atropine and glonoin, of each grain 1-50, aided by a little chloroform inhaled.—ED.

ANESTHETICS AND ANTISEPTICS IN PARTURITION.

Editor Alkaloidal Clinic:—In perusing the leading medical journals of the day I see but little on this subject. In this article I propose to rehash some ideas that have been advanced on the subject, also to relate a few impressions derived from actual experience here in a solitary country practice, where the family physician is supposed to "know all things, do all things and trust all things."

Natural labor is nothing more nor less than a purely physiological act. To connect it in any way with a pathological state would be a gross insult to God and nature. The older physicians refused to allay the pangs of childbirth on the ground that it would be interfering with the divine punishment imposed on Mother Eve, but every mother's son of them was doing his utmost to escape the punishment pronounced on Adam for the same (joint) offense of eating the "forbidden fruit" (whatever that was). As Dr. Dewey, of Keytesville, Mo., says: "I would parenthetically remark that what is sauce for the goose is sauce for the gander."

A woman suffering the almost unbearable anguish during the cutting pains should by all means have a "whiff" of anesthesia. "When it comes to stretching the perineum, chloroform tends to prevent rupture and soothe the horrors of parturition." (*Sims.*) The coming physician is the one who will reverse the usual order and assist woman in bringing forth without pain.

After delivery all will admit that "cleanliness is next to Godliness"; so, in the present age of faith in medicine, proper antiseptic treatment is undoubtedly a guarantee of the essential cleanliness. The value of antiseptic midwifery rests on as firm a conviction today as antiseptic surgery. But, admitting that cleanliness by water alone is safe, would it not be better

to use some of the valuable antiseptic drugs even if only for the moral effect on the patient? Water alone is too common to command respect. Let us hear from the editor and others older in the profession than myself on this important subject. Will Dr. Epstein please give us his views?

W. R. HARPER, M. D.
Inola, Creek Nation, Ind. Ter.

—:o:—

Dr. Waugh uses anesthetics in nearly every case of obstetrics, and antiseptics only when necessitated by fetor of the lochia. When he does employ them he prefers potassium permanganate, chlorinated soda, hydrogen dioxide and boric acid, rather than the toxic antiseptics.—Ed.

VACCINATION.

Editor Alkaloidal Clinic:—I called at the vaccine farm near Rio de Janeiro, Brazil, and found them vaccinating a bull. I was informed that vaccine matter taken from bulls was better than that from cows, and that the vaccine taken from the scrotum of the bull was strong. The only explanation I could get was that it contained more vitality. This is a country where smallpox and yellow fever prevail. I examined carefully the whole process. They take bull calves, from six months up to two years, for vaccinating. The loins and scrotum are shaved, the vaccine applied, and on the seventh day the lymph is withdrawn, placed in glass tubes and hermetically sealed. I vaccinated a child on the boat and found the virus was good. The child had no fever, and never complained during the entire time until healed.

I would ask if it is the observation of those who have experience in smallpox that the lymph taken from the scrotum does prevent more surely the contagion of smallpox; also if eating the flesh of animals vaccinated has any preventive virtue. The animals that were vaccinated were

killed a few weeks after, and the flesh was sold in the market. They could trace no virtue to it.

During the late civil war I had charge for a time of the smallpox hospitals near Portsmouth, Va., and Charleston, S. C., and my study of the disease, etc., has driven me to the conclusion that the only safe way to vaccinate is to take the vaccine direct from the animal. By so doing you are free from all danger of syphilitic poison and other objectionable diseases.

DR. THOMAS THOMPSON.

Surgeon, S. S. "Coleridge," Lampert & Holt Line, May, 1899.

TREATMENT OF RHEUMATISM.

Editor Alkaloidal Clinic:—The pathology and treatment of acute, subacute and chronic rheumatism is so varied and changeable that the conservative physician is often puzzled in selecting a course of treatment for this disease which will promise a maximum of chances of relief with a minimum of failures.

Experience has, I think, sufficiently demonstrated the fact that the relief of pain is the first consideration in all types of rheumatism, the next being a stimulation of the secretions and emunctories to eliminate the poison from the system. Whether that poison be uric or lactic acid, or what-not, matters very little to the patient, provided he gets the proper relief. Researches in chemistry, pathology and bacteriology are to be commended, but should not overshadow the treatment of the case in hand.

A remedy which I have recently been led to believe unites the therapeutic measures indicated in many stubborn cases of rheumatism, is the scientific application of hot air.

My wife being afflicted this winter with subacute articulo-muscular rheumatism, my stock of remedies became exhausted without appreciable results, and the only rest at night had to be induced by ano-

dynes and liniments. These seances and their unseasonable hours became painfully monotonous, and not in any way conducive to the general health of the patient or myself. As a last resort I secured a hot air apparatus of Frank S. Betz & Co., 78 State St., Chicago, and managed to muster sufficient faith to give it a trial—it being a rare thing for a physician to try a new remedy in his own family. To say that the results of one treatment were made manifest may be judged from the fact that the patient secured, following it, an unbroken night of sleep—something she had not had for five or six weeks. Three or four subsequent sittings permitted her to pursue her usual household duties and sleep at night. I have since given treatment to several other patients with similar results. The analgesic, diaphoretic, diuretic, antiphlogistic and restorative results are secured better than by other medicinal or chemical remedies given for that purpose, and certainly hot air deserves a trial and will give surprising results where all other measures have failed.

W. T. MARRS, M. D.

Jewett, Ill. —:o:—

The hot-air treatment is good. Other measures are also good. Combine the two in proper cases, and results are better than with either alone.—ED.

PRECOCIOUS GESTATION.

Editor Alkaloidal Clinic:—On the 12th I delivered with forceps a girl, aged fourteen years and one month, of a male child at term, weighing eight pounds; the mother never having had her first menstrual period. Mother and child doing well.

On the 14th I delivered the mother of the above girl of a daughter at term in the same room, the girl nursing and furnishing an abundant supply of lacteal nourishment for both children.

W. S. CLINE, M. D.

Woodstock, Va.

ANENT DR. REEVES.

Editor Alkaloidal Clinic:—“I have observed your course and contentions in ‘alkalometry,’ and the scope and success of the CLINIC, from their infancy; the former not without much benefit, and the latter with no little interest and instruction to myself.

I find in every number of your excellent journal abundant valuable material to fill pages of abstracts for the *Southern Medical Exchange* every month.

But when elated over the progress and good things in medicine and allied branches, we are saddened by the thought that the medical profession is yet, and, it seems, ever will be, infested with a few narrow-minded, brazen bigots, who close their eyes and ears against reason and common sense, lest, seemingly, they might learn something good, and thus controvert their own contention, that they know it all.

In thirteen years of medical practice I have made it a rule, in medical as in religious matters, to search for and accept anything proven good, from whatever source, and without prejudice or bias.

It is an undeniable fact that none of us—not one—is perfect in medicine. We'll never know it all. He who turns a deaf ear to suggestions from legitimate sources is a dangerous person to deal in and administer poisons, and to care for the sick and suffering. I say dangerous, Mr. Editor, because such an one would adhere to his contentions and bigotry, at the cost of his dear patient's life.

Pardon me, if you please, for the reference, but your ten-grain-calomel-dose correspondent gives us a fair, typical example of this class of doctors. I have no time nor inclination to enter into a controversy with Dr. Reeves, except, perchance, he should desire such in good faith, when I would gladly contribute time to a frank and friendly discussion of this feature, especially as relates to alkaloidal prepara-

tions, in the hope of doing—and possibly receiving—good.

But, from the fullness of my heart, I pity the medical practitioner of today who knows enough, who has nothing more to learn, unless indeed he is about ready to consult the funeral director.

I would, in these brief lines, remind Dr. Reeves of the efficacy of the alkaloidal tablets, their promptness of effect depending much upon their purity, and also their convenience of administration, so gratifying to the busy physician.

And it happens that they make, in tablet form, the very essential agents employed by myself in my specialty, the treatment of cancer, thus contributing, perhaps, to my greater success.

The stomach and surface protection, suggested by Dr. Reeves, for the reception of the alkaloidal tablets, sets up a doctrine in conforming to which we should demand an armor-plate stomach and intestine lining and an amalgamated copper liver to withstand his calomel dose.

But does Dr. R. give his calomel dose in toe-itch, or ear-ache, which of the two? He didn't say, yet he expects specific results indeed. So do we expect specific effects—when a loaded cannon is exploded with a kitten at its mouth.”

O. HENLEY SNIDER, M. D.
Atlanta, Ga.

GIVE FULL DETAILS.

Editor Alkaloidal Clinic:—I have just read Dr. Palmer's article, in June CLINIC. It is timely and to the point. Give the particulars, brethren, how, when and why a certain remedy is given; dose, time of giving, etc.

Dr. A. gives certain remedies in a case, succeeds, and so repeats it. Dr. B. gives the same remedies in the same kind of case and fails. Why?

Let us have the particulars, by all means. G. W. WOODS, M. D.

Altonia, Texas.

DYSENTERY.

Editor Alkaloidal Clinic:—There seems to be a connecting link between epidemic dysentery and Asiatic cholera. Every time cholera has visited this country, epidemic dysentery came with it or followed. In 1836, a fatal epidemic of dysentery visited this country with cholera. At least thirty per cent of those afflicted in my district died. In 1850, it visited us again with cholera. I nursed a great deal in this epidemic, and the knowledge gained proved a great benefit in the treatment of future epidemics.

The epidemic of 1866 was confined almost exclusively to the limits of New Vienna. It began in June and was confined to children under ten years of age. It was very fatal. Out of a population of about five hundred, fourteen children died in that many days.

The attack was ushered in with nausea, vomiting and insatiable thirst; temperature subnormal, pulse rapid and weak, respiration 30 and abdominal, tongue slightly coated; while they had almost continual desire to evacuate the bowels, with much tenesmus. The passages consisted of bright bloody water, or mucus and blood, like the pulp of a ripe gooseberry without the seed. Some evacuated nearly a hundred at a time. One little girl nine years old vomited them for twenty-four hours. All the fatal cases collapsed in twenty-four to forty-eight hours after the attack. None ceased vomiting; none that collapsed had an intestinal evacuation before death. I treated eight cases with two deaths. They had little pain but an almost continual desire to evacuate the bowels.

All recovered where the nausea and vomiting were checked in twenty-four hours. Small doses of calomel, ipecac and opium failed to relieve the nausea and vomiting, but small doses of silver nitrate and opium repeated every twenty or thirty minutes, relieved them in eight to twelve hours. I

followed this with calomel gr. 1-10, ipecac gr. 1-6, every two hours; and kept them under the influence of opium. As soon as the evacuations showed the effects of the medicine, convalescence followed. For the subsequent diarrhea, I gave bismuth, chalk, rhubarb and opium. One physician living in the town did not lose a case in the epidemic, yet he had as many, if not more, cases than any of the rest. His treatment was calomel, ipecac, lead acetate and opium. He gave the lead acetate the credit of his success. Condie recommends lead acetate very highly, in nausea and vomiting of cholera infantum, but claims that small doses of calomel, ipecac and opium are the most successful in infantile dysentery.

Meigs holds that lead acetate is superior to calomel, ipecac and opium.

Delafield's main treatment is oil and opium. Jacobi, Lewis Smith and Alonzo Clark's treatment for infantile dysentery is large doses of bismuth subnitrate with opium.

The epidemic of 1873 commenced about the middle of September. The attack commenced with a chill or chilliness, followed by fever, pain in the head, back and lower bowels; tongue natural, but as the disease advanced it became large, red and clammy; bowels costive, with frequent dysenteric evacuations, consisting of mucus streaked with blood. But few were troubled with nausea and vomiting. Nearly all complained of a sinking, sickening sensation. In five or six days, the majority of cases became complicated with enteritis. The evacuations became large and frequent, composed of water, decomposed blood, mucus and fecal matter, and very offensive. The temperature became subnormal, pulse weak and rapid, tongue large, red and clammy, with marked prostration.

My first case, the only one I had die, was a young man about twenty. He had attended a camp-meeting the day before the

attack, and had eaten a great deal of ice-cream and drank more bad whisky than was beneficial to his health. He had slept but little through the night on account of severe pain and frequent desire to evacuate the bowels; had little fever, pulse 80 and good, tongue normal, Cheyne Stokes respiration. He had a dysenteric evacuation every hour as regular as the clock, which continued until he died, nearly three weeks later. There was no indication of obstruction or peritonitis; no tympanites and but little tenderness in the bowels. Cathartics and morphine had no more effect than water. Drs. Johnson of Vienna, Shepard of Hillsboro, Granger and brother of Russell Station, were called to see him, but all to no purpose. He never had an intestinal evacuation until the day of his death.

I commenced the treatment with a cathartic of calomel and podophyllin to free the bowels of all accumulated matter; followed this with calomel, ipecac and enough opium to keep the patient under its influence; kept the bowels open with whole flaxseed; diet of butter-milk, hot milk and soups. For the entero-colitis I first used rhubarb, bismuth, chalk and opium, with quinine and capsicum when needed, but afterwards got a better effect from strychnine, nitric acid and opium. In one case where nothing appeared to make an impression on the diarrhea, two grains of rhubarb with as much ipecac as the stomach would tolerate, every three or four hours, acted like magic. The same treatment has proved very successful in all cases of chronic diarrhea that I have given it in.

About this time I commenced the use of a hypodermic, which proved to be of great service. I had a patient four miles in the country who had been suffering with dysentery for ten days. Called late in the afternoon; temperature subnormal, pulse over 100 and weak; respiration 36; tongue large red and clammy, severe pain in the bowels with a good deal of tenderness, bathed in

cold sweat, with marked prostration. She had been having large evacuations from the bowels every two or three hours during the day, of water, decomposed blood, mucus and fecal matter, very offensive. I gave her one-sixth of a grain of morphine hypodermically and left strychnine gr.j, nitric acid one dram, laudanum two drams, water to four ounces, a teaspoonful to be given every four hours if awake. Early the following morning I was surprised to learn that she had slept well through the night and had but one evacuation, and had taken but one dose of the mixture. She convalesced very rapidly. I obtained fine effects from this mixture on other cases.

The treatment that proves most successful has been, first, to free the bowels of all accumulated matter. Then follow with small doses of calomel, ipecac, and if much blood of lead acetate, and if there is acidity, chalk with enough opium to keep them under its influence. Keep the bowels open with a tablespoonful of whole flaxseed three times a day; feed buttermilk, hot milk and soups. All cathartic treatment aggravates the trouble, by irritating the already inflamed mucous membrane. Ipecac in large doses was very unsatisfactory.

From the little experience that I have had from washing out the bowels in sporadic dysentery, I believe it would be almost a specific.

T. C. Q.

—, Ohio.

—:o:—

This reads like a leaf torn out of an ancient work on practice. Doctor, read your "Brief Therapeutics," or "Treatment of the Sick", and get an insight into the therapeutics of today! The effect of atropine and aconitine in small doses, of the intestinal antiseptics, of hot enemas with or without silver nitrate, are such as to have superseded the remedies known in the time of the authorities quoted. Try them, Doctor; bring the skill of your years to bear on the new and improved methods.—ED.

BOTH SIDES.

By Charles F. Gilliam, M. D.

Much has been written about the physician—
The hardships and trials of his position;
We talk of the woes which his way betide,
And seldom look at the other side.

We've all had experience with ungrateful preachers,
Mixed with a goodly sprinkling of teachers,
But then we've had others, who stood by us loyal,
And championed our cause in a manner most royal.

There are plenty who scorn us, and scout at our bill,
After we've served them with hearty good will;
Yet we mustn't forget the honest and true
Who willingly pay every cent that is due.

To deal with the "Rounders" makes one very sad,
Who settle accounts by getting quite mad;
But others will say, "Why, I thought it was more,"
And plank down their money to settle the score.

There are those, too, with whom we use every device,
Who credit their cure to some others' advice;
Others say, "I would most surely have died
Had you not so nobly stood by my side."

To bother us are little scandals and misconstructions,
As a result of busy gossips' wise (?) deductions:
Yet we have friends to stand by us true and staunch,
Who could hardly be shaken by an avalanche.

Men enter the profession because they believe
A reasonable income they'll probably receive,
And, while usually gentlemen and scholars,
Don't often lose sight of the almighty dollars.

Our bills are larger, we'll most all agree,
Than if every patient would pay his fee;
So the community at large pays part of the loss,
And we get the credit of bearing the cross.

Don't worry 'bout losses, but foot up your gains,
And you'll be surprised at how much remains;
A fairly good living, and of love and respect
Probably more than we ought to expect.

Then take your trouble in a homeopathic way,
And for fortune, in allopathic doses, pray;
But while you go 'long, it's well worth your while
To dispense your medicine in alkaloid style.

Columbus, Ohio.

LIGHT WANTED.

Editor Alkaloidal Clinic:—I have been interested in the series of papers on Sexual Hygiene running in your paper, but I feel a good deal like Dr. Elmore Palmer in his "justified kick," about the say-nothing article of Dr. Merriam, p. 387, June CLINIC. Why do not these gentlemen tell us something? There is Dr. Belfield, a very

learned man, but he says practically nothing; and one arises from the reading of his paper with the question still in his mind, What are the results of sexual excess or continence?

And then again I see one of your correspondents is constrained to ask the question, which was in every reader's mind: doubtless, after reading Dr. Zeisler's paper on "Frauds in the Conjugal Embrace," embodied in Query 560, June CLINIC; and which is still unanswered by the editors. Why should not Query 560 be answered? Is not it a legitimate subject for honorable and pure physicians to discuss?

Years ago I read a little booklet on "Sexual Neuroses," by Kent, in which the same presentation of the subject was made as by Dr. Zeisler, but no adequate explanation or information was given. What is one to do? Where is one to go for an answer to Query 560?

T. J. WEST, M. D.
Aztec, New Mex.

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Query 560 was not answered for two reasons: First, cases differ, and to discuss all that present themselves would require far more space than any journal could devote to the subject. Second, some readers would seriously object and many hold that such matter is suitable for a volume for private circulation, not a periodical.—ED.

UTERINE COLIC.

Editor Alkaloidal Clinic:—Recently I ordered some europhen-petrolatum. I was treating a case of endometritis which had been in my charge for several months, and was progressing favorably. I had reduced engorgement by copious douches and glycerin tampons; had raised uterus to normal position, relieving pressure on bladder, and I had been packing every third day iodoform gauze. Patient had recovered sufficiently to resume care of her household affairs and to visit and entertain friends. At menstrual season, patient suf-

ferred with dysmenorrhea and more weightiness of the organ than should be.

I knew the cure was not complete, and expected much from the europhen treatment. On receipt of the package, I made most careful preparation and administered the treatment. Within thirty minutes she began to complain, first of backache and then of a sense of abdominal distention and pain. This lasted twenty-four hours, and required several anodyne doses to control. She recovered entirely, and I think the original condition was benefited by the application.

I at first thought that I was remiss in some particular of the treatment, and had resolved to be even more careful as to details at the next administration. In the meantime, I received the CLINIC for April, in which I find Dr. Shaffer's experience which coincides with my own. I do not wish to condemn the treatment, or harshly criticise it, and write this only to bring on such thought and discussion as will correct any error that may exist in a method of treatment that promises so much. This patient never had eczema, and tolerates iodine in any form; and I was scrupulously careful in administration of treatment.

P. S.—I think I have solved the matter of the europhen-aristol treatment. I have repeated it with the same patient, but instead of using the syringe in applying it I used a little roll of antiseptic cotton, moistened with the preparation, and carried it into the womb, leaving the lower end of the roll projecting into the vagina. The result has been entirely satisfactory. Of course I used every precaution as to antiseptic preparation of the parts. The trouble must have been in faulty manipulation of the syringe, introducing air or using too much force.

C. A. LANDRUM, M. D.
De Funiak Springs, Fla.

—:o:—

Women must be judged by their own laws. Cases are on record where pure water has caused heart-failure when the

patient thought she was receiving cocaine, and when cocaine was really used, she believing it to be water, no bad effect followed. But, nevertheless, there may have been some irritation following the europhen injection. Some wombs are desperately intolerant of some substances, and even one-tenth of a drop of semen has brought on violent uterine colic. Indeed, those who have employed Gerard's apparatus for artificial fecundation by injecting semen into the womb learn to be exceedingly careful as to the quantity injected. Nor are all alike as to the reaction against any agent. Some will be intolerant of an oil, when a watery solution will soothe, or even a tincture. Try her with plain petrolatum, other oils and water, and see what is least irritant; then mix your europhen in it, using mucilage to suspend it. Or else make a soft-solid mass and fill the nose of the syringe with it, then inject only a drop. In one case, I was worried by the continual irritability before I used europhen, until I dilated the uterus forcibly, and this put an end to its insubordination.—ED.

IS IT WRONG?

Editor Alkaloidal Clinic:—Your editorial in the June CLINIC on Sexual Hygiene had the ring of the right metal. Just say: "*Honi soit qui mal y pense!*" to those "who are sae good themselves, sae pious and sae holy." I believe much good has resulted from the discussion of Sexual Hygiene through the columns of the CLINIC. The sexual system and its disorders is something the physician should understand thoroughly.

You are right, beyond the shadow of a doubt, when you say sexual incompatibility is the cause of hundreds of serious family disagreements. Many a nerve wreck can be traced to the same cause. It is time to treat such troubles as we do others—to cure them. It is time to take a common-sense view of the subject.

Why not? Will any "up-to-date" physician deny the fact that there is such a thing as sexual starvation, even among the married? There is a male and a female element in all nature, and a natural attraction between the two. Nature's demands and the customs of society are at variance. Should we, as physicians, try to correct the trouble along this line, or close our eyes and offer no suggestions to save these people from wreck and ruin?

God made no mistake in His laws. The sexual passion is a part of the individual; in fact, the better part. Unsex a man, and what do you have—well, a beast! You know the history of the eunuch.

Let us have a series of articles on sexual starvation, to follow sexual hygiene. What say the editor and his CLINIC family?

W. L. LEE, M. D.

Morriston, Miss.

—:o:—

Vox populi, vox editori.—ED.

WHY HE USES ALKALOIDS.

Editor Alkaloidal Clinic:—For three years I have been using alkaloidal granules. I had been using other drugs in my practice for ten years previously. In the treatment of children I found ordinary drugs very unsatisfactory. I commenced with a limited number of alkaloidal granules and studied carefully their therapeutic action when given in the way they are directed to be given. The dosage and frequency of giving was so different from my former way of giving drugs that some time was required to familiarize myself with it. When this first step was taken, the rest came easy.

I now no longer wait to make a definite diagnosis, but treat the indications as they arise. A congestion is treated with the Defervescent comp. or Dosimetric trinity, according to the case. This congestion may be bronchitis, pneumonia, pleurisy or from any other cause. In many cases the

attack does not go beyond the stage of congestion.

In this way we can deal with acute as well as chronic diseases. The beginners should treat children and old people at first with the granules, as it is in these cases they have the widest range of usefulness. In fact, after treating children with the granules the length of time I have, I could not successfully treat them now without the granules.

Children never refuse to take them, and are always the physician's friend if he uses the granules. Most of us can remember the time when our mothers held our noses and persuaded us to take the medicine the physician left. We had no particular love for him. Our neighbor's children took homœopathic remedies, and children soon learn to insist on having the doctor that gives the little granules; and the parents soon learn to do as the children desire.

With the granules we gain the friendship of the children and can control disease more efficiently than in the old way. The family have no drug-bill. The neighbors cannot borrow the prescription and in that way cheat the physician out of an honest dollar.

Granules, to be reliable, must be made from the best drugs, hence the cost. Spurious granules will be put on the market at reduced prices. The reduction will be largely in quality.

To succeed with alkaloids one must:

1. Begin with a limited number and learn their action when given as indicated.
2. Use only a make that has been tried and found invariably reliable.
3. Children and old people are the most desirable patients for the beginner. In fact, no man's drug-list is complete for their treatment without alkaloidal granules.
4. The ALKALOIDAL CLINIC, Shaller's Guide and other alkaloidal literature should be in the hands of every physician that would succeed. In using alkaloids the

physician is content with his calling and his bank account passes from a vision to a reality.

S. S. GLASSCOCK, M. D.
Practice of Medicine, College of Physicians and Surgeons, Kansas City, Kansas.

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It has always been a sore matter that people "who ought to know better" go off to homœopathy. But our friend's observation is a shrewd one—the parents follow the children. And if we can cope with our *similia* friend in palatability and knock him into oblivion with efficiency, we will quickly bring him into our fold or he will relapse into innocuous desuetude. We are breaking down the bars.—ED.

RHUS TOX.

Editor Alkaloidal Clinic:—The June CLINIC arrived this morning, and as it is my usual practice to read this journal just as soon as I can remove the cover, this morning was no exception.

I noticed on page 391 an article headed "After Facts, Not Theory," in which the writer commends the action of rhus tox in sciatica. He also mentions the fact of Dr. H. C. Wood having made extended trials with it in different forms of rheumatism, with negative results. And why? Dr. Wood, the writer of the article, and "ye editor," all make the same mistake, viz., to give rhus tox because of having diagnosed rheumatism, sciatica, etc. You state the line of selection is not very clear. Please allow me to differ from you, and the following are my reasons for so doing:

Prescribe for the patient, not the disease. Rhus tox, like all other remedies, will always work if properly selected and will not work if unwisely selected, except to do harm.

The indications calling for rhus tox are as clear cut as it is possible to have of any well-studied remedy. Here they are:

Symptoms that call for rhus tox in sciatica:

1. If the disease is caused by exposure to wet, cold weather, or lifting or straining.
2. Sciatica of right side; dull, aching pain; formication of parts.
3. Pains relieved by rubbing, heat and when warmed by continued exercise.
4. Pains aggravated during rest, from cold, beginning to move, after midnight, from getting wet while perspiring, from drawing up the limbs.
5. Patient very restless, must change position frequently; after every change in position better for a short time, then must move again.
6. Patient must keep the affected limb straight all the time.

Symptoms that call for rhus tox in rheumatism are as follows:

1. Swelling and redness of affected parts.
2. Pains drawing, tearing, burning, or as if sprained, with sensation of lameness and cramping in the parts.
3. Pains all worse during rest and when first beginning to move; worse during wet cold weather and before a rain storm; worse from cold in general and from cold water, also after midnight.
4. Better from warmth in general, and especially warm applications to affected parts.

The following are additional indications for rhus in any disease:

Mild delirium, very restless, much thirst, abdomen distended, tongue dry with triangular red tip, with apex pointing posteriorly; great debility, paralytic weakness and soreness, especially when sitting and at rest; great restlessness and uneasiness, must constantly change position, especially at night; sensitive to cold open air; sleeplessness with restless tossing about; anxious dreams about business as soon as he falls asleep.

The above are only a few of the reliable

indications for rhus tox. Many more might be given, but I deem those already stated adequate to fix the place of rhus tox in relation to sciatica and rheumatism.

D. H. SWOPE, M. D.

Brockton, Mass.

ON THE SAME ROAD.

Editor Alkaloidal Clinic:—My old preceptor, Dr. C. R. Heaton, of Owego, N. Y., began the use of dosimetric medication



C. E. BELCHER.

ten years since, and called my attention to it. I had then been in practice eleven years, and knew it all, "don't you know?" He was one of the most erudite, studious and successful practitioners of medicine, and honest withal; and it was the first and only advice he ever gave me that I did not attempt at least to heed. But "I knew it all." I regret now very much that I was so smart a man at that time. In the intervening years I did learn to use aconite in small and oft-repeated doses, and was rewarded by effect. Veratrum I have administered in drop doses every five minutes, and gained honor for years. *Hydrg. chlo. mite* I found would work wonders if "broken up." For five or more years strychnine sulph., gr. 1-120, strophanthus tr., one minim, glonoin, gr. 1-400, manufactured for me especially, and administered in asthma and all heart emergencies, one every three to five minutes until effect, has brought up and out many patients; yes, saved life, enhanced my reputation, and didn't poison anyone.

You see, I have been drifting your way and didn't know it. Well, I am glad I did. We will get better acquainted. Your methods please me. I wish to know all you do; have just began to realize that after twenty years of practice I am not a fool, nor much else. City author-

ties flush the sewers to keep the people well; good scheme. I have been using Woodbridge No. 1 and No. 2 for three years in entero-colitis, or any other intestinal condition accompanied by fermentation; have prescribed thousands and thousands of them; didn't wait for fever; haven't had as much fever as others I know; and we know why, don't we.

"Sulphocarbolate." How suggestive; almost enough in the name itself to sweeten the bowel. It does, and I know it. I have tested it, and I wish you to look at me as I take my hat off, 220 pounds of good solid American, puritan bred, presbyterian and republican born, flesh and bone; and from the bottom of my heart, "thank you."

Don't mention homeopathy. Your ideas are simply intelligently developed ideas regarding the administration of old, new or any other remedies, in a manner which cures, not kills; no "similia S. B. C." about it; straight, honest, efficient, modern, safe medicine. My hat is still off.

C. E. BELCHER, M. D.

Linden, Pa.

UREA DETERMINATION.

Editor Alkaloidal Clinic:—“Practical Hints From Daily Experience,” by Dr. Abbott, in May CLINIC, are valuable to the busy practician. I must, however, question the propriety of using the “Zinc and Codeine Compound” without first finding out whether the “semi-chronic diarrhea” may not be due to efforts on the part of the body to throw off excess of urea.

Next, under head of “Spasmodic Asthma,” the table showing what a healthy person should excrete of urinary solids in proportion to body-weight is misleading, in that it shows the whole solids and not simply urea and its compounds, the things we sometimes blame for producing asthma. To determine the normal amount of urea in a given person, multiply pounds weight of body by 3.49, which gives the grains of

urea that should be voided in twenty-four hours under ordinary diet. Then compare this with the reading on test by Doretthus' ureameter, that is graduated to show half a grain of urea per ounce of urine for each division in part displaced by nitrogen gas—number of grains per ounce multiplied by the number of ounces of urine voided in twenty-four hours, shows whether asthma or semi-chronic diarrhea may not be due to excess of urea retained.

E. M. DAVIDSON, M. D.
Cleveland, Ohio.

CALCIUM DARK IODIDE.

Editor Alkaloidal Clinic:—I note in your current number that you give Dr. Lawrence, of Ottawa, Kas., the honor of first advocating the use of dark lime iodide in croup. Dr. A. G. Beebe, Prof. of Surgery in Chicago Homœop. Med. College, advocated it when I studied there, in '87-'88-'89, and I think had been doing so for years. He published an article thereon in *Med. Era*, April '92, and perhaps had published before. He also advocates with equal ardor its use in uterine fibroids. I myself have used it for ten years, as has many another "Homœopath", under the teaching of Prof. Beebe.

F. C. FREEMAN, M. D.
Franklin, Ind.

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A cultureless delegate, seated at a swell city dinner was attracted by a tureen of "floating island". He tasted it, and finding it to his liking, drew the tureen over to his place and began a vigorous onslaught upon its contents with the ladle. Soon a waiter touched his arm, remarking "that's the dessert". "I don't care", responded Chimmy, "I'd eat it if it were the wilderness. It's good." If Dr. Beebe introduced dark lime iodide he's welcome to all the credit he deserves; but you can't scare me out of its use by blaming it on the homœopaths. It's good.—ED.

CYSTITIS.

Editor Alkaloidal Clinic:—A man, aged 79, ten years ago passed 34 urinary calculi. Later he had a urethral stricture cut, leaving a scrotal fistula. He went the rounds, squandered his cash, and came to me last September.

I first opened the urethra with a No. 6, American, inserting a No. 8 double catheter, made a perineal section and sewed in the catheter. In four days I removed the instrument and the wound healed nicely.

The urine contained much pus and tenacious mucus. I gave him fl. ext. hydrastis one dram, fl. ext. ipecac gtt. xv, zinc acetate grains xj, potassium nitrate grains iv, and water to make 6 oz. Direct: A teaspoonful in water, *t. i. d.* When the wound had healed I changed to Stearns' "Tritipalm". In ten days he was decidedly better looking, eating and sleeping well, the first time for five years. The pus is almost gone. The urine also contained calcium oxalate, albumen and a trace of sugar, s. g. 1005, but is now normal. He has gone to work at his trade of painting.

I can heartily recommend Tritipalm and Waugh's Anticonstipation granules in similar cases, especially for elderly men.

JOHN MURDOCK, M. D.
630 Fifth Avè., Louisville, Ky.

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Cystitis is so troublesome an affection that every cure should be recorded. Tritipalm, I believe, is a compound of tritium repens and saw palmetto. It is good if it comes from Stearns. I have had good results from S. & H's. Tritica.—ED.

RUBBER GLOVES.

Editor Alkaloidal Clinic:—If Dr. Blech and others, using rubber gloves, will sift in plenty of boric acid, instead of sticky glycerin, they will be happily surprised with what ease and comfort they can put on and remove their gloves. A. G. H.

Chicago, Ill.

THE SPECIALTIES

Notes upon Surgery, Gynecology, Eye, Ear,
Nose, Throat, Rectal and Other Special
Branches, by the Masters of these Arts

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PURPOSE OF DEPARTMENT.—To give our readers the benefit of the experience of prominent workers in various special fields. Any reader is permitted to ask questions direct to any department worker whose name is here given and a reply will be made in the next issue of the CLINIC. If "personal" replies are also required, a fee of \$2.00 must accompany the query. We trust that all who have occasion to do so will make free use of this opportunity.

GYNECOLOGIC.

RELATION OF THE RECTUM AND GENITALS IN GYNECOLOGY.

Many have observed the close relations of the rectum and the female genitals in certain diseases. It is most manifest when the nervous apparatus of either rectum or genitals is involved. The consideration must be on both anatomic and pathologic grounds. A brief view of the great elemental structures will throw light on the subject, as the muscles, nerves, the vessels, and proximity of pelvic organs. It seems to me, if we are going to have any established relations between the diseases of the rectum and genital organs, it must be generally considered along the line of anatomy. Of course, infection is the only thing that makes these organs sick in general, and the prime factor is gonorrhea. The established relations of disease between rectum and genitals will be chiefly manifested by the nervous system.

About seven years ago I began to investigate a matter in connection with these diseases, and that was, women had more rectal strictures than men; and in the Toledo Medical College I had the opportunity of

ample dissecting material, and I made up my mind at that time that gonorrhea was the cause of rectal strictures. I wrote an article on that subject some five years ago and never heard any more of it, showing that physicians did not believe that this was the cause; but I am now absolutely convinced that gonorrhea is the cause of these strictures in women. The gonorrhreal germ contained in the vaginal discharges goes backward over the perineum and enters the rectum. It works its way into the rectal mucous membranes and cylindrical epithelium, producing cicatricial tissue as it does in the urethra. We have a gonorrhea of the throat, as well as other portions of the body, e. g., the conjunctiva. The gonococcus (a) produces abrasion (infection atrium), (b) infection, (c) ulceration, (d) proliferation of connective tissue, and (e) cicatrization and contraction.

The blood-vessels of the pelvis are important when considered in connection with the nervous system, as branches of the same trunk supply genitals and rectum. All of these vessels carry large numbers of nerves, and irritation of any of these nerves will disturb the lumen of the blood-vessels,

resulting in irregular circulation and congestion. Now, the blood-vessels of the genitals and of the rectum belong to similar branches, and have no relation except as carrying nerves, on account of reflexes resulting from peripheral irritation. We know that the nerves of the pelvis, so far as the internal genital organs are concerned, are mainly the sympathetic nerves, and the external or those near the skin, are the cerebro-spinal nerves.

I am reminded here of a notable article written by a distinguished man in New York, Dr. Dana, on "Passing of the Reflexes". I have the greatest respect for Dr. Dana. He has written one of our best text-books, but so far as "The Passing Reflexes", are concerned, they will never pass while mankind is afflicted with peripheral visceral irritation. Dr. Dana, so far as the deeper intent of his article is concerned, is in part correct, but he is too often on the wrong side of the fence. Like many other neurologists, he says no deep-seated disease is caused by peripheral or reflex irritation, and that no deep-seated disease is cured by removing the peripheral or reflex irritation.

For the sake of argument, we will admit the testimony. But deep-seated diseases are comparatively few and often painless; besides, practical and reliable gynecologists do not attempt to remove deep-seated disease by amputating portions of peripheral irritations or reflexes. But functional irritations from "reflexes" are numerous and very distressing. Besides, as a matter of fact, the removal of peripheral irritation or reflex due to disease will often restore health. If Dr. Dana had studied practical gynecology he would not write in his present style. Many neurologists will not allow anything in neurology except the cerebro-spinal axis. A neuron will work outside the cerebro-spinal as well as within it. A neuron receives sensation and emits emotion in the abdominal brain as well as it does in the cerebro-spinal axis. The object of a neuron, or nerve cell, is to re-

sent irritation wherever and whenever it arises, and this constitutes "reflexes", the disturbance of any one organ inducing disturbance in a distinct organ. Infection, inflammation and consequent products, disturb the mechanism of the genital organs; vascular and neural beds are disturbed, traumatized or strangulated; organs are dislocated and fixed.

Diseased genitals, as every practical gynecologist knows, produce by reflex irritation pain in the back, head and stomach. Irritation in the rectum long-continued will produce similar disturbances. The nerve-supply of the genitals and rectum is of two kinds: one the sympathetic, which will give dull pains—they may be sub-conscious—and the other the cerebro-spinal, which gives the acute pains. It is true that the sympathetic nerves supplying the genitals, the hypogastric and ovarian plexuses, arise from higher ganglia than the sympathetic nerves supplying the rectum, which chiefly come from the inferior mesenteric ganglia. But both the abdominal brain and the inferior mesenteric ganglion are alike subject to reflexes from peripheral irritation. Rectal irritation produces reflexes disturbing the genitals as well as genital irritation produces irritations disturbing the rectum. The genitals and rectum are a balanced beam of nervous mechanism, and the disturbance of one disturbs the other. The external genitals and external rectal apparatus are supplied by the same cerebro-spinal nerve, the pudic, arising from the second, third and fourth sacral. If we represent the forearm as the trunk of the pudic nerve, the little finger will represent the hemorrhoidal, the ring finger the perineal, the middle and index fingers the vulval, and the thumb the nerve-supply of the clitoris.

Thus it is observed that the cerebro-spinal nerves, the pudic, hold in distinct and delicate balance the external genitals and the rectum. Disturbances in one will affect the other. Now, whether peripheral irritations originate in the genitals or rec-

tum, the continual action of reflexes unbalances the whole visceral system, and the patient will gradually pass through indigestion, non-assimilation, anemia and end in neurosis.

In the relation of genital and rectal diseases the subject of muscular trauma must be considered. Muscular trauma must be admitted as a factor in disease. The muscles which exacerbate the existence of disease between the rectum and the genitals are the psoas and the levator ani muscles. The movements of the levator ani induce motion in both rectum and genitals. Germs are farther disseminated and pain is exacerbated by the muscular trauma. The close relation of the genitals may be observed by the clinical fact that operation on the rectum causes retention of urine. When pelvic cellulitis exists, which is generally subsequent to peritonitis, the vessels and nerves which pass through the pelvic floor are surrounded by perilymphatic spaces, and thus the distribution of infection is enhanced by muscular action. The lymphatics can also carry infection from rectum to genitals, or vice versa, on the veins, arteries or nerves. Rectal diseases may be gradually extended by the lymphatics into the great field of subperitoneal tissue, involving the genitals. How frequently does genital suppuration perforate the rectum, inducing distressing and persistent rectal disease.

Again, the psoas muscle, by its traumatic action on the sigmoid during times when it contains virulent microbes, induces migration of germs or their products, inciting adjacent peritonitis. I found about 80 per cent. of peritonitis in the mesosigmoid in some three hundred personal autopsies on the adult. Also that this same muscular action of the psoas induces infective micro-organisms to pass out of the fimbriated end of the fallopian tube and incites a local peritonitis. Hence muscular action (trauma) by the levator ani and psoas exacerbates the diseased relations between the rectum and genitals. One of

the chief causes of appendicitis is muscular trauma produced by the psoas.

I cannot agree with one point brought out by Dr. Bacon, namely, that apparently everything in constipation is due to the sigmoid flexure. I think his position is untenable. I consider constipation a neurosis of the colon. The action of the colon and small intestine is different. The colon acting as a reservoir has a rhythmic action every twenty-four hours: it is under the influence of the inferior mesenteric ganglia. Food will pass through the small intestine every four to six hours. The small intestines are under the rule of the abdominal brain. After studying this matter carefully, I am convinced that the trouble cannot be attributed solely to the sigmoid. I have done five hundred post mortems and recorded three hundred and fifty made on adults, and in fully eighty per cent. of the latter number the disease was found in the mesosigmoid and was caused by trauma of the psoas muscle on the left side and not by accumulation of feces in the sigmoid. We found seventy-two per cent. of adhesions, such as plastic peritonitis over the left psoas. The sigmoid flexure does not become diseased by impacted feces merely, but by traumatic action of the left psoas muscle, inducing the germs or their products to invade adjacent tissues.

The doctor did not touch upon one point which I consider of importance, and that is the anatomical structures in women, as having a bearing upon this subject. I have made fully 15,000 examinations of women, and in seventy per cent. of them disease was found on the left side. In considering this subject we must have anatomical considerations to work on, and not merely the rectum as having an established relation. Dilatation and contraction of the rectum in a woman who has pyosalpinx leaves the tube much worse and especially on the left side. This is a clinical fact that any one can demonstrate.

A point that I worked out several years

ago was that the left tube has a lumen much larger than the right, consequently it is much easier for infection to get out of it by dilatation and contraction of the rectum. While the sigmoid flexure in many may be found in the pelvis, I cannot agree with the doctor that it creates constipation from this position, for nearly all sigmoids lie in the pelvis. A loaded sigmoid rests on the returning ovarian vein and brings about congestion by pressure upon the pampiniform plexus of the left side, and this induces genital disease by retarding the blood-flow. The irritation of either genitals or rectum will impair the other. Any person who practised gynecology will see the practicality of this point. The left ovarian vein is not only pressed on by the sigmoid retarding its flow, but it opens at right angles in the left renal, both enhancing congestion. Also, the right common iliac artery rests on the left common iliac vein, aiding to retard the left venous flow, which will congest both genitals and rectum.

Therefore, from anatomical considerations through vascular, muscular and nerve mechanism, we would consider that the relation of the rectum and genitals is very close and intimate and that they should be carefully studied together.

THE URETHRA.

The urethra is a muco-membranous tube about one and one-half inches in length and one-quarter inch in diameter. It is closed except during micturition by the opposition of its anterior and posterior walls. It lies beneath the pubic arch almost parallel with the vagina and pelvic brim; however, it is not far from vertical in the erect attitude.

The urethra possesses three coats, mucosa, erectile and muscularis. A sphincter muscle exists, common to the vaginal and urethral orifices. The vessels and nerves are numerous and derived from the same source as the vaginal.

The external star-shaped or vertical slit of the urethral orifice is the meatus urina-

rius externus, situated at the base of the urethral triangle or vestibule, at the upper margin of the vagina, at the lower edge of the pubic arch or at one inch below the clitoris. The internal orifice (meatus urinarius internus) is located posterior or at the neck of the bladder or posterior to the margin of the pubic arch. It is the internal vesical sphincter. The urethra is erectile, quite vascular and surrounded by Santorini's plexus of veins. Not being surrounded by dense structures, it is dilatable and sufficient to allow the introduction of the little finger without causing permanent inconvenience. It is intimately incorporated with the anterior vaginal wall. It is slightly curved and perforates the triangular ligament. The folds of the urethral mucosa extend longitudinally and contain scaly and transitional epithelium, mucous glands, crypts, villous tufts, lymph corpuscles and papillæ. The papillæ at the mouth of the urethra may develop into urethral caruncle—painful, red, vascular swellings. Two ducts (Skene's) three-fourths inches long, perhaps remnants of the mesonephritic duct, lie parallel to the urethra and open close to its mouth. They are liable to persistent inflammation, doubtless from the gonococcus.

BYRON ROBINSON, B. S. M. D.

EUROPHEN-PETROLATUM.

The list of affections in which europhen proves valuable daily grows longer. The mixture in fluid petrolatum, one part to eight, is being used successfully in gleet, cystitis, endometritis and especially in that form of hyperesthesia of the prostatic urethra that gives rise to functional impotence, or to too speedy ejaculation of semen with consequent failure to satisfy the wife. In several cases this difficulty has been completely cured by this agent. How far the remedy is applicable is as yet a matter for experiment, the treatment being too new for positive statements.

CONDENSED QUERIES ANSWERED

The great amount of material that has over-crowded our "Miscellaneous Department" in the past, renders the establishment of this new department a necessity. The essentials of a long letter can often be put into a few lines. Many have important questions they would like to ask but do not for lack of time to write a "paper". It is for just these that this space is given.

Queries coming to this department prior to the 15th will be answered in the issue of the month if possible, and if your editors do not feel able to give the information desired, the point in question will be referred to some one who is; while at the same time this, as well as all other departments, is open to the criticism of our readers. Free thought and free speech rule in the CLINIC family.

Query 616. For cerebro-spinal meningitis, would corrosive sublimate, hypodermically, in doses of gr. $\frac{1}{4}$, every twelve to twenty-four hours, be good treatment?

A young man, bitten by a spider, took one and one-half pints of whisky and a pint of alcohol. I think all that saved him was that he vomited most of it. Please give your view.

G. H. C., Ky.

A number of years ago, in consultation with Dr. D. Hayes Agnew, he recommended mercury bichloride for the results of a meningitis, of which, unfortunately, the patient did not die, but lived an epileptic idiot. The remedy was the best of any we used. Of course, the action is simply that of stimulating the absorbents to carry off the debris. I would favor a trial of the treatment you describe.

As to snake-bites, alcohol acts usefully only by combating fear. Otherwise it does harm. Strychnine is the remedy above everything else, and if you add glonoin you have in the combination something infinitely superior to alcohol. Spider-bites are not very serious, and the treatment is the same.—ED.

Query 617. Give me your judgment as to the best work on symptomatology. For instance, there is a woman here near my office who is said by one doctor to be suffering from cancer of the liver; by another Bright's disease. I would like to find a work that gives symptoms and leads back to the disease; a work like the articles in the CLINIC mostly are, with no superfluous words, but one that goes straight to the bull's-eye. I am only two years old in the practice of medicine, and I need a concise, clear cut, right-to-the-point, up-to-date work on symptoms, to help me "tow the coon." Does Waugh's "Treatment of the Sick" give symptoms?

What are the symptoms of cancer of the liver?

The patient I cured of chronic gastric catarrh with the W.A. Intestinal Antiseptics is still feeling fine and getting fat.

J. M. T., Iowa.

Of the smaller works recently published, I like none so well as that of Klemperer,

published by Macmillan and sold by McClurg of this city, recently noticed in the CLINIC; but for your purpose I would get Da Costa, the last edition, published by Lippincott of Philadelphia. The "Treatment" does not give symptoms or diagnosis. That is something for my coming book on "Practice," which will not be ready before fall, perhaps next spring.

Cancer of the liver may present no external symptoms; and I have diagnosed it repeatedly by the general decline and cachexia, occurring in a patient over forty, when a thorough examination revealed no cause. But slight and persistent jaundice is present, whenever a bile-duct is occluded.—ED.

Query 618. I am gradually losing my vision from atrophy of the optic nerve; diagnosis made by competent opticians; have been entirely blind in right eye four years; three years ago noticed first indication of danger in left, in limitation of field of vision from left. Now, when I look at a bottle on the shelf I can see nothing to the left of that bottle. Cause unknown, not specific. Have taken strichnine sulphate gr. 1-20, t. i. d., for a year, with no apparent results.

I never had any sickness except chronic diarrhea, with all that that means, during the civil war. I am 56. Should like to keep some degree of vision a little while longer. Will anything help me?

C. W. M., Cal.

Keep the bowels regular and clean. Take every day zinc phosphide, gr. 1-6 three times a day; at bed-time a dose of hyoscine, gr. 1-100; from ten to twenty times a day open your eyes into cold water, so as to lave the ball, not simply the outside of the lid. Keep this up for three weeks and let me know if there is any change. Don't neglect the cold water under the impression that it is trifling. I have known it to check the disease and

even restore some vision in a similar case. The zinc is to improve the nutrition of the nerve-centers; the hyoscine to affect the optic nerves directly.—ED.

Query 619. What is the modern treatment for varicocele, preferably by injection?

J. L. S., La.

He must have gotten that from some quack's advertisement. No real surgeon advocates injections for varicocele. Read the papers by Manges and De Armand in the CLINIC, and form your own conclusion. Perhaps the prescription of a suspensory bandage, and a little common sense, best comprises the surgeon's duty.—ED.

Query 620. I send specimen of pus, with following history: Lady, 27, a year ago had axillary abscess, lanced, did not heal; soon after a lump appeared in the corresponding breast; sinus from abscess connected with axillary gland; has continued to discharge; lump hard, nodulated, now involves entire gland; menses nearly disappeared, misses two or three months; general health fair; school teacher.

N. S. S., S. Dak.

I have gone over the matter carefully and must advise most emphatically to have the breast of your patient removed entirely and immediately. If you don't she will ultimately die of cancer. This does not admit of question, and every week that you delay is to her danger. The breast must be removed and the sinus opened clear through to the original seat of the abscess. It is a surgical case first, and a medical case after that. Prompt action, if general infection has not already occurred, will save your patient; procrastination will kill her. In a similar case submitted to us, a second examination a month later showed the presence of countless tubercle bacilli. Infection had occurred subsequent to the first examination.—ED.

Reply to Query No. 453. An epidemic somewhat similar has been in many localities, and here in Kansas, with the following symptoms: Very severe headache, fever, rapid pulse, retracted neck, sometimes convulsions, or opisthotonus, in some cases ecchymotic spots, etc. We have diagnosed it epidemic cerebro-spinal meningitis. There have been between 30 and 50 cases here, with over 20 deaths.

I do not say that Dr. Stiers' cases are such, but they may be. I have not seen the jaundice symptom here.

The treatment mostly used by physicians here, is, attention to the alimentary tract and secretions; the bromides and ergot, often gelsemium, and opiates only if required. I have used bromides and ergotin, with gelsemium, also gelsemia, and a cold water bag to the neck and the back of the head.

I would like to see some articles on the above disease from our editors and others.

Some of our cases have lived one to two months and recovered; some died after some weeks, a few in 24 or 48 hours, or in a few days.

H. H. BOGLE, M. D.

Pittsburg, Kas.

Query 621. And now let me thank you for the treatment suggested in the April Queries. The improvement has been marvelous as far as the bronchial trouble and general health is concerned, which I attribute to the Nuclein and strychnine arsenate. Until last night I had been improving rapidly, good appetite and sleeping well, feeling better than at any time for more than a month past, when an attack of gout in the knee came on.

I notice in the May CLINIC an ad on page 31, headed, "Do you want a life income," etc. Will you kindly tell me if the parties are responsible? I presume they are, but would like to know certainly.

W. A. W., S. Dak.

We are pleased to know that your patient is improving and that you attribute this improvement in some degree to the suggestions made through the CLINIC.

We know nothing of the party in question further than that they pay their bills in a business-like way. Every jug must stand on its own bottom.—ED.

Query 622. A child 2 years old had dysentery; gave veratrum, aconite and digitalis for fever, charcoal, bismuth and pepsin for bowels. The flux was checked, blood ceased and the stools became normal, fever fell to normal. Three hours later it rose to 102.5°, child screaming, symptoms of cerebro-spinal meningitis, neck retracted. Relief followed the use of salts, bromide and paregoric, with a blister to the neck; but after 11 hours the meningitic symptoms returned and the child died.

I have seen several such cases, all fatal. I would like to ask the CLINIC family what they do in such scrapes.

W. W. P., Texas.

• Think I'll leave that for the family. It's pretty tough lines on the editor to expect him to be ready with a reply for every question fired at him. Why don't some of you old chaps who know take a shot yourselves?

But I would begin differently from our brother from Sheridan's pet state. I would give a few doses of castor oil or Saline

Laxative to empty the bowel; follow with the W-A Intestinal Antiseptics to full effect, wash out the whole lower bowel with water as hot as will be borne, perhaps adding a little silver nitrate. Meanwhile I would be sustaining the patient with atropine hypodermically, to full effect. There cannot be any invasion of the blood and consequent meningitis if the micro-organisms in the bowels are washed out or killed. Don't, ever, lock them in with opium. You may have a big joke on Reynard when you lock him up in your hen-house, but I'm afraid the joke will be on you next morning.—ED.

Query 623. Please give treatment for vomiting of pregnancy, and for mastitis. J. W. M., Pa.

Keep the bowels open with Saline Laxative, a sufficient dose every morning or night. Let her have a cup of black, unsweetened coffee every morning before rising. Give her a bottle of cerium oxalate granules and tell her to chew one up whenever she feels nauseated, repeating every five minutes until relieved. Examine the uterus, and if fissured, apply tincture of iodine to it, and a little cantharidal collodion to the husband's glans penis. A strip of mustard plaster over the right pneumogastric in the neck will stop the nausea every time.

For mastitis, prevent by treating the nipple before the birth of the child, or after it. Apply hot flannels wrung out of very hot water, changed before they begin to get cool. If the abscess still threatens, apply a plaster of phytolacca, and give it in full doses internally. If pus forms, open freely and strap the breast firmly.—ED.

Query 624. Woman, 38, good health in every respect except a constant clearing of throat; diagnosis, chronic bronchitis. Talks much and very fast. Has been the rounds of many doctors. Can you give me any light? T. C. B., Texas.

The woman has chronic laryngitis. Give her calcium iodide, two tablets every 10 minutes for two hours; let her use a men-

thol inhaler, and then muzzle her mouth, to keep her from talking so much. Tell her to repeat the tablets four times a day (two hours each), and not utter a word while taking them.—ED.

Query 625. I send \$2.00 for examination of urine, Boy, age $5\frac{1}{2}$, eighteen months ago began to suffer periodically with his stomach and lower bowels or bladder, defecation and urination irregular; soon began pulling at his privates. This patient had been the rounds. Treated for indigestion, urinary calculi, then circumcised. This helped him to urinate more freely, but there was no other improvement. Next, an unsuccessful effort was made to dilate the urethra.

Two months ago he passed yellow, bloody urine for two days. Now he puts off urinating and often when he aims to urinate his bowels surprise him and act at the same time. He is fairly well nourished, tongue clean, temperature normal, pulse good, eyes and skin clear—a real bright child, very nervous, don't sleep well, wakes up crying and pulling at himself. He asks for hot applications; eats mostly sweets, don't grind his teeth when he sleeps, drinks water freely, but don't pass enough urine; bowels act about right.

R. D. R., Mo.

Urine examination: Color, amber; reaction, acid; albumen, 1 per cent.; sugar, none; chlorides, deficient; sulphates, deficient; phosphates, normal; urea, found 2.5 per cent.; bile, trace; blood, none.

Microscopic: Few pus and blood corpuscles, epithelium, casts and urates.

I suspect urinary calculus, but would not care to diagnose without examination. Meanwhile give him Searle & Hereth's Tritica, and subdue vesical irritability by hyoscynamine and cicutine in full doses, with apocynin to increase the flow of urine. Keep the bowels clear and clean, give little nitrogenous food, and frequent baths.—ED.

Query 626. My sister, 22, and brother, 15, have had malarial remittent fever repeatedly. With menstruation my sister suffered a severe congestive seizure, the pain all in the lower bowel flow excessive. During the extreme cold they both suffered excessive offensive perspiration. During January the boy kept his bed, with fever raging from 101° to 103° . Both have now no fever in the morning and about 100° during the day, falling to normal about 8 p. m. The girl is very nervous. Their appetites are good, they sleep well, are thin, and the girl's feet burn and smart, though at noon her knees are cold. Physical examination has not revealed anything positive. She has a discoloration of 18 months' standing, beginning in the axillas and spreading to the abdomen, arms, thighs and neck, a melanoderma. While taking arsenic it improves. Both are constipated, and have some pain in the bowels. R. S. P., Tenn.

My diagnosis is chronic malaria with auto-toxemia as one of the results. In the first place investigate the hygiene of the house and premises, and see if you haven't a damp cellar, infected water or other source of disease; for healthy young people like these should throw off such an infection with little aid, if not kept up by some condition of the kind. Allow no water to be drank unless well boiled. Feed well, giving plenty of nutrition. To regulate the bowels and get them in good order I would use the following: Sodium carbonate one dram, sodium sulphocarbolate two drams, wine of ipecac 2 drams, tincture of hydrastis one ounce, aromatic syrup of rhubarb enough to make eight ounces. Give a tablespoonful every two to four hours until the discharges are healthy and natural.

To break up the malarial trouble you must empty the spleen, which you can do either by injecting Ergotole over it, or supra-renal extract, or giving strychnine arsenate internally, the latter grain 1-30 from three to seven times a day, pushing the dose until the muscles twitch. Follow this with iron arsenate grain $\frac{1}{6}$ and quinine arsenate grain $\frac{1}{6}$, three to six times a day. An occasional liver pill like the Eclectic Hepatic of Abbott's list will do much good. Hot salt baths are of value also.

If convenient I would advise you to send them to Chicago for a week or two, where our pure, strong lake air will brush the malaria out of their systems in short order. I have a whole colony of Tennessee folks, and that means the nicest people on the face of this earth, who spend their summers here with great advantage, and I know that your people will find them pleasant company.—ED.

Query 627. Miss H., 18, student, work heavy, sleeps poorly, constipated, when she arises her finger tips are swollen, by noon extends to knuckles, at night to wrists. When in the cold her hands are red or mottled. There is slight burning and itching all the time, but no eruption; the fingers are tender at tips.

Treatment: Calomel in 1-10 grain doses at night, followed next night by a mild laxative, strychnine

grain 1-30 after meals. Next day the swelling had subsided, except at the knuckles; could bend fingers, felt much better after movement of bowels. The trouble has entirely disappeared. What was it? Was the treatment right.

C. A. F., Wis.

This case is another of that great multitude of run-down, overwrought, studied-to-death individuals, so constipated and nervous that nothing can go right. Clean out, clean up and keep clean, by the use of the Saline Laxative for the first, the W-A Intestinal Antiseptic for the second, and right living, with occasional of both prescriptions as required to accomplish the third. But all of this, while giving temporary relief, will be of no permanent value unless the strain can be relieved. All these other symptoms are due to the poisoned condition of the circulation. You may call the manifestation rheumatism, or anything you please, it is all the same, an auto-infection.—ED.

Query 628. A girl, 4, mentality normal, epileptic for two years; very restless, never quiet, sometimes several attacks follow in rapid succession, with frothing, biting the tongue, then some months may elapse without a recurrence. The paroxysms are preceded by headache and a rush of blood to the head.

L. P. J., Ill.

The case may be epileptic and it may not. The child is suffering from a reflex irritation of some sort, and this must be found. I imagine it has to do with the generative organs, and should look very carefully to the vagina, clitoris, etc., as well as the rectum.—ED.

Query 629. I would like some information in regard to the serum treatment of tuberculosis. How and when to use it, amount or number of doses generally required, cost, and where to get it.

W. P., Ind.

You had better write to Dr. Paul Paquin, St. Louis, Mo. I note that Trudeau speaks very unfavorably of the serum treatment. He has exceptional opportunities for testing remedies for tuberculosis.—ED.

Query 630. A FARMER, 50, has had vesical-irritability for three years, with fever and marked debility. He now has little appetite, tenderness over the right kidney, the liver and the bladder, and is weak.

The urine is acid, s. g. 1010, free from albumen and sugar, contains much pus. He is dull and drowsy whenever his bowels are sluggish. The prostate is enlarged and tender.

G. C. H., Ohio.

It seems to me from the presence of pus, with pain in one kidney, that this man has a calculus there. You have done well and I would continue as you have done, only substituting lithia benzoate for the carbonate. Examine the urine microscopically and see if there are any flakes of the pelvic epithelium, such as would be rubbed off by a calculus; also look for blood.

Give him plenty of water, keep his bowels clean, and look out for elimination. The drowsiness looks uremic.—Ed.

Query 631. What is the opinion of CLINIC readers as to the cause and treatment of ulcers of the mouth like the following? A small round or oval ulcer appears on a tender red base, anywhere on the inside of the mouth, growing to the size of a pea. They are exceedingly painful, and last from a few days to two weeks. Lunar caustic cuts them short at first, but does not affect them now. The patient is a small nervous married woman, 35 years old, a mother. Has subinvolution with pelvic and back pains. The ulcers come a week before her period and last through it. A few years ago the uterus was curedtted and no ulcers appeared for a year, a pregnancy occurring in the meantime. Last fall a mild curettment was done and no ulcers occurred the first month, very slightly next, and they gradually became worse. She has had ulcers ever since she can remember except when pregnant and after curettment.

I had one similar case in a young, nervous married woman, in which the trouble disappeared by curing constipation, that had existed since childhood, by cold sponge baths, exercise and massage. Dr. Jas. B. Herrick, of Chicago, told me of a student in whom the ulcers would appear upon the ingestion of common sugar.

S. H. R., N. Y.

I would regard the ulcers as due to pathogenic bacteria generated in the disease foci and penetrating to the blood. They would cause ulceration at the point of lowest resistance. Staphylococci are, I think, more likely to act in this manner than other bacteria. The indication is to cure the endometritis by euophen applications and to bring up the resisting power of the body by attention to the hygiene of the dwelling, good feeding and the administration of nuclein and the tonic arsenates. The best local remedy for the ulcers is iodoform.—Ed.

Query 632. PLEASE tell me what treatment to give a patient, age 40, who has ulcers upon the mucous surface of the mouth and throat; small, round, deep ulcers, very painful and almost impossible to heal. We have tried almost everything, and most of them do well at first but soon lose their effect, and still other ulcers come. Would nuclein do any good?

N. S., Ohio.

When ulcers do not heal, it is because there is some cause still keeping up the irritation, or else the tissues are not vital enough to take on the healing process. Let a competent dentist look at the patient's teeth; see if there is any other local trouble about the mouth that could keep up the irritation, or in the nose, pharynx or the openings into them. If the result is negative, limit local measures to mild antiseptic cleanliness, by lotions of chlorinated soda, for example, and restore the strength of the tissues by good, well-selected food, good hygiene of the premises, strychnine, iron and quinine arsenates, Nuclein (Aulde), and sanguinarine as a special stimulant to the buccal mucosa.—Ed.

Query 633. A goodly number of our states have enacted laws with much stringent regulations, relative to the practice of medicine; even diplomas conferring no right; yet these sagacious lawmakers give to patent medicine men the undisturbed right to sell their nostrums to the dear people. Don't it seem that "consistency, thou art a jewel?" I am not opposed to medical legislation, but dislike discrimination to the detriment of the "taker", and the hoarding of "filthy lucre" by the patent medicine vender.

MEDICUS.

I agree heartily. It is a weak point in the laws that the patent medicine man, who need not be a doctor at all, can place his ads in the papers and reach the entire community, with absolutely no supervision whatever, while the laws are yearly becoming more strict as to the regular physician. But let any legislator have the nerve to aim at these men, who control by their advertising the entire non-medical press, and see what a storm they would raise about his ears.—Ed.

Query 634. MAN, aged 50, weighs 150, blacksmith and farmer, married at 18, during the last ten years has at times a peculiar drawing and sickening pain in the right iliac region, extending to the testicle and

back. The cord seems to be too short, and he is inclined to pull his testicles up with his hands every few minutes. For ten months he has paroxysms of pain nearly unbearable. He does not need any aphrodisiac; has not lost flesh, but is very nervous.

T. I. C. P., W. Va.

There may be disease of the testicle, of the bladder, or prostate. Let him wear a suspensory bandage, keep his bowels clear, and treat whatever malady your examination discloses.—ED.

Query 635. I AM 41, weight 245, never had serious sickness or venereal disease; rheumatism for ten years from exposure, for a year I have pain and soreness in the os calcis and drawing of the tendo achillis, after sitting or lying down, which prevents me stepping more than a foot at a step until I have moved about for a few minutes and get the tendons stretched. Please diagnose and give treatment and oblige.

T. I. C. P., W. Va.

Myalgia of the calf muscles. You may find rhus tox give you prompt relief, or ammonium chloride, 20 grains every eight hours. Locally apply a mild faradic current, positive pole, for five minutes daily. See if your urine has more uric acid than its share. Drink plenty of water, eat sparingly of meat, and keep the alimentary canal in order.—ED.

Query 636. How is the neutral cordial, of rhubarb, hydрастis, ipecac, soda, etc., spoken of in the *Medical World* on page 229, by Dr. Waugh, made?

T. I. C. P., W. Va.

Sodium sulfocarboilate one dram; sodium carbonate one dram; wine of ipecac one and one-half drams; tincture of hydrastis six drams; aromatic syrup of rhubarb q. s. to make six ounces. Dose: Tablespoonful every two to four hours until the stools are healthy; children in proportion.—ED.

Query 637. YOUR answer to Query 560, June issue, "It depends on the case," is correct; still, I feel that I voice the desire of the majority of the CLINIC family, in asking you or Dr. Zeisler to impart to the readers the good advice that he had given to his clients (see page 240, April number). Let us know in what different ways these cases can be reached and benefited.

G. M., N. J.

You must not hold the editor responsible for all that our contributors feel disposed to say, or expect us to expand their ideas. The information asked does not at first

thought strike us as suitable for circulation in a journal, because its readers number some who would seriously object to such matter as pearing, and the rights of even small minorities should be respected. If Dr. Zeisler, or any competent man, would prepare a pamphlet dealing with this subject, and hold it for those who desired it, I am confident it would be eagerly sought by thousands of physicians; and this not from any lewd or curious motive, but from a sincere desire to learn what would benefit their patients. But, in any case, it would be impossible to reply to our correspondent in a journal, because there are many conditions that may cause the difficulty, and their consideration would require a book.—ED.

Query 638. A PERSON is sued by a physician to recover fees for setting a broken leg. Can the patient offset the claim (in a justice court or any other) by claiming the services were unscientific, a bad result, etc.? I saw it intimated a short time ago that a physician could recover his fee whatever the result; the patient then having the right to sue for malpractice. I have a similar case pending now, and it seems to me of vital importance, of course, but ought to be interesting to us all.

S. H. R., New York.

The laws of the states differ, but in all of them the physician can recover for his services. All a physician agrees to do is to give his best knowledge and care to a case. He does not guarantee a cure unless so specified in the contract with the patient. If you did your best the patient has got to pay, and the claim for malpractice will probably disappear if your man sees that you cannot be scared out of your rights.—ED.

Query 639. A GIRL, thirteen, well developed, is nervous, trembling, shaky, her eyes quiver and dance, and then roll and jump, as tho' they would leave their sockets; malady of eight years' standing; very near-sighted; parents think she was marked, as the mother looked at a beef animal when it died. What is it? What can be done for her? Would a powerful shock to the nervous system do her good (a cataclysm)?

D. C. B., Idaho.

See whether her bowels are regular and the stools in good condition. Then have her eyes examined by a competent oculist;

for I believe you will find the trouble in her eyes. It commenced too soon to be a genital neurosis, hence I would not make an examination at present. Give hyoscine and cicutine hydrobromate, and macrotin to help her nerves, as there may be something in your idea of chorea. The macrotin will do her good, anyhow. Give six granules of each a day.—ED.

Query 640. I HAVE been treating a lady, forty years of age, for three years, for endometritis and ulceration of the *os uteri*. The womb is retroflexed, fixed by adhesions. She has complained for sixteen years, but only had constitutional treatment. I have given her ferruginous tonics, made intrauterine applications of iodine with pipette, after which I would saturate a tampon of absorbent cotton with glycerin, tannic acid and "White Pinus Canadensis," place it against the *os* and let it remain for twenty-four hours, its removal followed by a copious vaginal douche of warm water and borax.

Granulations disappeared; good deal of improvement, but for a year at a standstill. Menstruation regular, little suffering; never much hemorrhage. The trouble is in healing those ulcers. I wish you, or your readers, would help me out.

B. G. B., Ky.

The lady has not enough vitality to set up cure, or else there is a local obstacle. Treat the endometrium with europhen petrolatum, as often described in the CLINIC. Then apply tampons saturated with glycerin every night until the womb is movable, when you must replace it. Meanwhile give her internally iron and strychnine arsenates, in full doses, to restore her vitality. Keep her bowels regular and feed her well. Follow with macrotin as a special uterine tonic.—ED.

Query 641. A MAN, thirty-eight, was poisoned while threshing, his hands and feet breaking out; large bullæ appeared, with intense itching and burning. For three years subsequently it has appeared in various places, as minute vesicles, the part feeling as if on fire. Can you suggest treatment?

L. P. J., Ill.

The case you describe seems to be one of poisoning, by *rhus* or some similar plant. When the attacks occur give granules of pilocarpine, one every five minutes, until the patient sweats. Apply fluid extract of grindelia robusta to the eruption. If the itching persists in spite of this, let

the man bathe in a weak solution of sodium bicarbonate or mustard, or apply it upon cloths kept constantly wet. Keep his bowels regular with Saline Laxative and an occasional Eclectic Hepatic, and you will soon get ahead of the trouble.
—ED.

Query 642. I WROTE you in reference to a lady, aged forty, with flushes and sweats. You recommended Saline Laxative. W-A Intestinal Antiseptics, macrotin, and a vegetable diet. All this has been done, but as yet with no benefit. I would be glad of further advice.

A. M., Va.

The case is evidently not the usual type of menopause difficulty, or she would be well. Change to strychnine hypophosphite, gr. 1-67, every four, three, two or one hours, pushed to full effect. At bedtime give sodium bromide, gr. v, repeating every hour till asleep. Kindly inform us as to result.—ED.

Query 643. LAURA H., aged nine weeks, seen June 7; eyes tinged greenish yellow; loose rattling cough, spasmodic at times and at times causing cyanosis, strangling and vomiting; appetite slightly impaired; bowels moving slowly; stools bright grass-green, with no offensive odor; urine at first normal, but afterwards tinged pink; temperature 100°.

I prescribed intestinal antiseptics, counter irritants to chest, aconitine and atropine. Case continued without much change except cough lessened, and with it the vitality and general strength of the patient; the stool changed not in color; about the only change, other than growing weakness, was slight soreness of the throat. On the fourteenth an erythema appeared, very slight, behind the ears, spreading over the face, neck, and other parts; exanthem roundish, lentil sized, red, slightly raised. The bowels, which had been stopped, moved during the night; the stool was much improved in color and the rash much brighter in the morning of the fifteenth. While the case is not yet discharged, the improvement is so marked that, accidents excepted, she will recover. What I want is a diagnosis.

S. P. T., Neb.

There was duodenal catarrh, possibly with the microbic invasion described by Hayem as causing green diarrhea. But as this is contagious, it should be known if any other child had it previously, from whom the baby could contract it. There was also bronchitis, a dangerous thing in infants. The rash was probably auto-toxicemic. But the homeopathists are right in claiming that such cases are sometimes

retrocedent, and that the internal disease improves because it leaves the inner skin to appear on the outer surface. Was this a case in point? Were the bronchial and duodenal catarrhs accidentally associated or parts of the same affection? Or was the exanthem an unusual form of atropine-effect?

These questions, unanswerable, show how limited is our knowledge of disease-processes, and of micro-biology.

The indication was clearly for intestinal antisepsis, following laxatives; and I would have left the fever to them, but added brucine to strengthen the heart and sanguinarine to stimulate the lung, as the great danger is of suffocation from the sputa collecting in the insensitive bronchi. Add to this a special remedy to combat the infective process, quinine salicylate, calcium sulphide or Nuclein (Aulde), and the indications are completed. Give all by Shaller's rule, treating the child as one-fourth of a year old, and giving till effect. Indeed, when we deal with babies so young, it is best to disregard the age and make the dosage by weight.—ED.

Query 644. WHAT treatment would you recommend for hydrophobia? Is there any in the alkaloidal list? We have had a number of cases in this vicinity, and all that had fully developed proved fatal. Most were bitten by mad wolves. I have a case, a child, bitten by a dog, but the symptoms gave way so quickly that I now doubt its being a genuine one.

L. A., Texas.

You should send the bitten child straight to the nearest Pasteur Institute for treatment. There is an excellent one in Chicago. No one is justified in neglecting this. The quick healing is a bad sign. Of remedies, all have failed. The only one worth trying is pilocarpine in full doses, which is said to have cured a case. Do not delay; send that child at once. If money is lacking take up a subscription for her.—ED.

Query 645. FOR nearly a year albumen, in large quantities, has been found in my wife's urine. Now it is fully one per cent and over; urine clear and lim-

pid, s. gr. 1028; quantity normal; has persistent headache, unrelieved by anything I have given her, somnolent, frequent nausea and vomiting languid, weak, very anemic, palpitation; some edema of eyes, hands and ankles; no pain. What would be your prognosis and treatment? J. R. S. Dak.

I have not much fear of desquamative nephritis, as it responds pretty nicely to treatment. Here is my prescription: Benzoic acid and chloroform, of each one dram; potassium acetate, one ounce; water to eight ounces. M. S. A tablespoonful every four hours. Diet: Milk, buttermilk, junket, fresh fruit juices and nothing else till the albumen has disappeared; then gradually return to ordinary food, meat last.—ED.

Query 646. A GIRL, twenty-two, menses normal till June, 1896, when she was thrown from a carriage, fracturing the tenth and eleventh ribs right side. Since then her menses have been at times very painful, with severe pain and tenderness in the broken ribs. I first saw her a week ago, collapsed, respiration slow and labored, pulseless, ovaries sensitive, a great pain in right lumbar region, frontal headache, pelvic pain, aching limbs, bowels constipated. She has attacks of drowsiness or stupor. What is your diagnosis and treatment?

W. H. M., N. Carolina.

You had better see if there is not a displaced uterus. Give her chloroform and examine by the rectum so as to spare the hymen. If displaced, replace it. Otherwise you had better lessen the ovarian congestion by giving Buckley's Uterine Tonic, one every four hours, or else granules of cicutine hydrobromate, each gr. 1-67, hyoscyamine amorphous, gr. 1-250, and macrotin, gr. 1-6, one each every four hours in the intervals, one every half hour till easy when in pain.—ED.

Query 647. A WOMAN, confined eleven months ago, since the fourth day after her confinement has complained of burning pains in the soles of her feet and aching up to her knees.

C. L. S., Texas.

This may be a reflex from subinvolution or uterine displacement, or evidence of nephritis. You'll have to examine, and treat what you find. Try hydrastinine, seven granules daily, gr. 1-67 each.—ED.

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FROM CURRENT LITERATURE

THE RATIONAL TREATMENT OF PNEUMONIA.

In this issue of the *Therapeutic Gazette* is an interesting article by Dr. Elsner, of Syracuse, upon this question, and in it he emphasizes several points which we believe to be of vital importance in the treatment of this malady. The most important, however, is the fact which he mentions, namely, that in this disease we find almost constantly marked relaxation of the blood-vessels, whereby the normal resistance of the action of the heart is removed and it pumps futilely in an effort to fill blood-vessels which are so widely dilated that there is not enough blood in the body to supply them.

It will be noticed that in one place he inveighs against the common use of nitro-glycerin in these diseases, and points out that experimental study has shown that the toxins of pneumonia cause vasomotor relaxation or paralysis, a condition which is produced by all the nitrites, and therefore the administration of nitro-glycerin simply increases the difficulty under which the patient is laboring.

It seems to us that this point is well-taken. While on the one hand we recognize that at times in the course of pneumonia the heart may be relieved by lowering arterial tension by the use of this drug, on the other hand, taking the course of the malady as it usually occurs, such treatment is not usually necessary. The methods which Dr. Elsner advises for the purpose of overcoming these conditions of vasomotor relaxation are all of them wise, but there is one which we have been in the habit of employing with the greatest possible satisfaction and which he does not emphasize, namely, the use of belladonna or atropine, often combined with small doses of digitalis, as for example five minimis of a tincture of digitalis made by diluting "normal liquid" digitalis with alcohol until its strength represents that of the tincture, given every six hours, and five to ten minimis of tincture of belladonna every three hours; or if the condition of the heart is exceedingly pressing and the blood paths are relaxed, the skin being

moist and covered with a clammy sweat, we immediately administer hypodermically 1-150 or 1-100 of a grain of atropine sulphate and 1-20 grain of strychnine to bridge the patient over his crisis until the drugs administered by the mouth have an opportunity to act.

We are glad to find that Dr. Elsner holds the views that he does, for these have been our views for a number of years, and we have again and again reiterated our opinion that physicians are too apt to ignore the condition of the blood-vessels in the treatment of acute disease, and concentrate their attention upon the heart muscle itself.—[Editorial] *Therap. Gazette.*

SANITATION AND WHITE MEN IN THE TROPICS.

Prof. Alfred Russel Wallace, the veteran naturalist and explorer, says:

"The fact is that white men can live and work anywhere in the tropics, if they are obliged, and unless they are obliged, they will not, as a rule, work even in the most temperate regions. Hence, wherever there are inferior races, the white men get these to work for them, and the kinds of work performed by these inferiors become infra dig. for the white man. This is the real reason why the myth, as to white men not being able to work in the tropics, has been spread abroad. It applies in most cases to agricultural work only, because natives can usually be got to do this kind of work, while that of the skilled mechanic has usually to be done by white men."

The revolution wrought in tropical conditions of existence by proper sanitation and hygiene is remarkably manifest in the experience of modern armies. The death rate in the Dutch army in India for thirty years previous to 1850 was 113.9 per 1000; for the thirty years after it was only 59.2, and in the highlands only 46.2. In the British army the change has been even more striking, and its record is brought down later. In 1863 the death rate was 69 in 1000, and by 1890 it had been brought

(CONTINUED ON NEXT PAGE)

BRAINS REPAIRED.**Polished and Sharpened by an Expert.**

What are brains made of?

Albumen and delicate particles of Phosphate of Potash. Chemical examination of the perspiration and urine will determine the amount of recent brain work, by the amount of Phosphate of Potash found, for these delicate particles are thrown out from brain and nerve centers during nervous activity, and find their way back to earth through pores, kidneys, bowels, etc.

There is but one true way to repair the daily losses, and that way is to furnish the body with food containing a sufficient amount of these two elements. When the brain is not properly fed, the evidence is shown by a gradual decrease in the mental and physical powers of the body.

A food expert of the Postum Cereal Co., Lim., at Battle Creek, Mich., has prepared a crisp, dainty and delicious food for the express purpose of quickly and surely rebuilding the brain and nerve centers and has given it the name of Grape-Nuts.

This food is made by selecting the proper parts of grains and treating them by heat, moisture and time in practically the same manner Nature does in the human body during the first part of digestion. The result is that the finished food not only contains the needed elements for brain building, but they are ready to be presented to Mother Nature in such a shape that she quickly absorbs and uses them. The good, solid, substantial results obtained every day by people who use Grape-Nuts, prove the facts.

The new food is found in all first-class grocery stores, and is one of the most toothsome and palatable novelties yet produced in the way of food, requiring no cooking or preparation of any sort, but, on the contrary, it is ready for immediate use and suited to the athlete, brain worker, epicure or invalid.

ANOTHER DOCTOR.**Coffee May Agree With Some People and not With Others.**

Until a year ago, I was a most inveterate coffee drinker.

I have always assiduously abstained from all forms of stimulants, including tobacco, and hence could easily localize the cause for the numerous abnormal symptoms I became subject to. I grew nervous and irritable, became easily excited and experienced a decided loss of memory, together with many other symptoms, indicating an unduly stimulated nervous system. My appetite was poor, sight deficient, bowels irregular. Like thousands of others, I could not bring myself to believe that my favorite beverage was the cause of my abnormal conditions.

About a year ago a package of Postum Cereal came to my office, and I concluded to try it. I was very much disappointed with the trial, the liquid being light-colored, weak and insipid. It lacked the strong flavor I had been so long accustomed to.

I concluded, however, I would have to cultivate a taste for it, and hence persisted in drinking the almost tasteless mixture for several weeks, until finally I became disgusted with it and quit it. I noticed, however, an improvement in my nervous symptoms.

Shortly after this my attention was called to your specific announcement as to the length of time the mixture should boil. I took the subject up again, followed the directions explicitly, and the result was truly gratifying. The color, the aroma, the taste and everything (except the nerve racking stimulant) were there, and I was completely satisfied. The nervous symptoms entirely went, and all other abnormal conditions vanished. The experience in my own case naturally led to a conclusion as to the cause of the disorders with many of my patients, and I have had occasion in numerous cases to insist upon the abandonment of coffee entirely, and the substitution of Postum Food Coffee, with highly gratifying results.

Dr. Geo. W. Hoglan, 113 E. Long St., Columbus, Ohio.

down to 14 in 1,000, or reduced four-fifths. And the general comparison is quoted that, "whereas the several European armies stationed within the tropics formerly suffered a death rate of 100 to 129 per 1,000, this has now been reduced to 15 or 30."

This improvement has been made among soldiers, who are, of course, subject to discipline, and whose habits are closely regulated. But a corresponding change has taken place in Australia, in Northern Queensland, under complete tropical conditions, where it was until recently held that white agricultural labor was impossible. An article in the *Westminster Review* of two years ago stated this fact:

"Where a few years ago there was a large plantation worked by gangs of South Sea islanders, there are now twenty or thirty comfortable European homesteads. And the contention that white European labor could not stand the field work is blown into thin air by the practical experience of thousands of white laborers all along the coast. It is only a matter of time until the sugar industry can entirely do without Kanaka labor."—*New York Times*.

THE BACTERICIDAL POWER OF BLOOD.

Koplik says that in testing for the Widal reaction he has been surprised at times to find the bacteria disappear. In one case, the bacteria disappeared within ten minutes after having been exposed to the serum diluted sixteen times, and within fifteen minutes the typhoid bacillus had become disintegrated, by reason of the bactericidal power of the blood. Pfeiffer had demonstrated this action in the peritoneal cavity of rabbits.—*Exchange*.

EPIDEMICS AND STATISTICS ARE CHAOTIC.

Hennig, in comparing two epidemics of diphtheria, which occurred previous to the antitoxin period—1890-91, in a village near Tübingen, and in 1893-94 in Tübingen proper—lays stress on the fact that in the first epidemic, presenting much more favorable surroundings, numerous cases appeared in 41.4 per cent of the families, while in the recent epidemic only 11 per cent (but with higher mortality) occurred, although the surroundings were less

favorable. He points out, in this relation, how careful we should be in judging of the effect of inoculation of diphtheria antitoxin as a preventive measure. The question of immunization, especially when we consider the short time in which the so-called immunity of dwelling houses against diphtheria is active, must not be answered hastily.—*Mod. Med. Science*.

TO FIND THE JOINT.

I have been using a method for finding the joint in amputation of the fingers and toes, which is very simple, viz.: Take a pair of strong straight scissors and cut transversely across the prominence of the joint on the dorsal surface, cutting all the tissues to the bone. Then turn the scissors to an angle of forty-five degrees and cut again, still keeping both blades of the scissors in the wound, and moving the tissues with them. By this method one blade is sure to enter the joint, when the amputation can be finished with the scissors, which are far superior to the knife. The rule laid down in the books for finding the joint only tends to puzzle the average man, and while a surgeon of much experience can easily strike the joint, it must be remembered that every physician is called upon to amputate fingers and toes, and it is very embarrassing for a country doctor, when he is being assisted by the laity, to be vainly hunting for a joint.—*Int. Jour. Surgery*.

SCHENK'S METHOD A FAILURE.

A short time ago Prof. Schenk, of Vienna, promulgated his method of determining the sex of any given conception by modifying the nutrition of the mother. At that time we stated in these columns that it would not prove reliable. Now the professor is suffering deep disgrace in his own country and throughout Europe on account of the signal failure of his method. The senate of the University of Vienna investigated his claims and his methods of obtaining patients and passed a vote of severe censure. Many of his aristocratic patients are clamoring against the deception practised upon them. Yet his theory, while not by any means perfect, is in the line of scientific truth.—*Med. Council*.

(CONTINUED ON NEXT PAGE)

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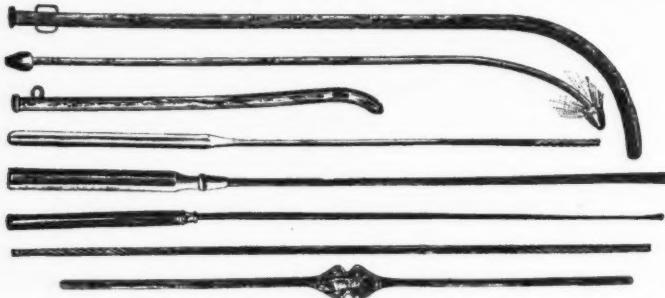
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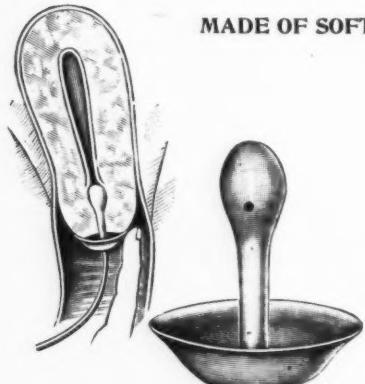
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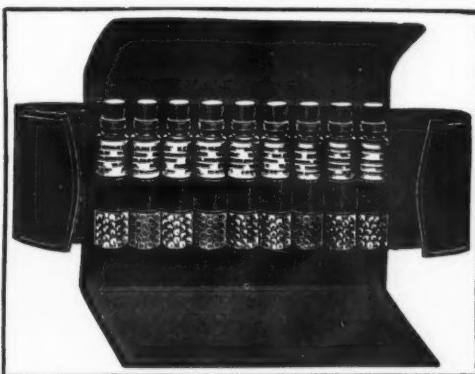
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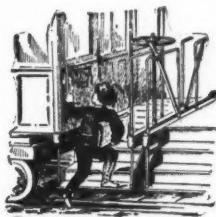
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